

Academic Employee Request for Prior Service Credit

SUNY Policies of the Board of Trustees [XI, Title B.3(d)(1)]:

"In determining eligibility for continuing appointment ..., satisfactory full-time prior service in academic rank **at any other** accredited institution of higher education may, at the request of the appointee and in the discretion of the Chancellor, or designee, be credited as service, up to a maximum of three years, at the time of appointment at a college. Waiver of all or part of this service credit shall be granted upon written request of the employee to the chief administrative officer not later than six months after the date of initial appointment."

APPROVAL OF REQUESTS FOR PRIOR ACADEMIC SERVICE CREDIT, IN WHOLE OR IN PART, IS WITHIN THE SOLE DISCRETION OF THE PRESIDENT OR HER/HIS DESIGNEE, THE VICE PRESIDENT FOR ACADEMIC AFFAIRS.

Please complete and sign this form, indicating either your request for prior academic service credit or your waiver of your right to request such credit. If you waive your right to request such credit or if you fail to return this form with your acceptance of the offer of appointment (the University will consider that to be a waiver), or if you have no prior academic service, the decision to grant or deny you a continuing appointment must be made by _____ and you may not be granted a term appointment extended beyond _____.

To be Completed by Appointee: I, _____ hereby
(Print name)

- Waive my right to request prior academic service credit.
- Request approval for _____ years (not to exceed three) of prior academic service credit based on the full time service shown below. I understand that any approved prior service credit will count toward the service required for eligibility for continuing appointment and that I may withdraw any or all approved prior service credit within six months of the effective date of my appointment.

Previous Institution(s)	*Rank	Full Time Y/N?	Inclusive dates of employment: (mm/dd/yyyy-mm/dd/yyyy)	Yrs

- I have no prior service.

Signature

Date

To be Completed by Dean or Director:

I recommend: approval disapproval of this request for prior academic service credit. My justification is attached.

Signature

Date

To be Completed by President or Vice President for Academic Affairs:

The prior academic service credit requested above is: approved for _____ years disapproved

The decision to grant or deny continuing appointment must be made by _____ and no term appointment may extend beyond _____.

Signature

Date

Any prior service credit approved by the President or Vice President for Academic Affairs may be withdrawn, in whole or in part, by your written request within six months from the effective date of appointment. You may submit the request in the following format to the Director of Human Resources:

After careful review and consideration, I have decided to waive _____ year(s) of the prior service credit previously credited for me. My record should now include _____ year(s) of credited prior service.

Print Name

Signature

Date