

Request For Consideration Early Permanent Appointment

		Date
To: President		
In accordance with the provisions of consideration of my candidacy of ea	the Policies of the SUNY Board of Trustees, I hereby	/ request your
Pertinent information:		
Name	Official State Title	SL Rank
Initial Appointment Date to Full Time Consecutive Years of Professional Se		
Department	Immediate Supervisor	
Current Appointment Type	Current Appointment Ending Date	
presenting my credentials will be pro- is granted, such appointment will be If my application for your review is cappointment during subsequent year	request for consideration, a recommendations pack epared for your review. Furthermore, if permanent effective on my anniversary. enied, I understand that I may make application for rs of professional service. I understand that if the pucted and permanent appointment is not granted, r	appointment permanent ermanent
	end of my current term or probationary appointmen	
	Very truly yours,	
	Employee Signature	
cc:		
Immediate Supervisor		
Intermediate Supervisor	 	ev. Date 4/2016