SUNY FREDONIA

Request for Prior Service Credit – *ACADEMIC* Position

Signature_____

Procedures

- 1. If you wish to request consideration for prior service credit, complete this form and submit it to the Director of Human Resources within <u>30-days</u> of the date on which your initial appointment to SUNY Fredonia is effective.
- 2. You will be notified of the decision regarding your prior service credit request by the Provost and Vice President for Academic Affairs.

In accordance with Article XI, Title B of the Policies of the Board of Trustees, I request consideration for

credit for prior service. NAME______DEPARTMENT_____ Cite previous, full-time, academic rank service at an accredited institution for which prior service credit is requested. A maximum of three years service may be credited upon initial appointment at the discretion of the Chancellor or his designee. INSTITUTION **ADDRESS** _____TITLE_____ DEPARTMENT PERIOD OF FULL-TIME SERVICE _ Month/Year Month/Year INSTITUTION **ADDRESS** TITLE DEPARTMENT PERIOD OF FULL-TIME SERVICE ______ to _____ Month/Year Month/Year

Date