

# NOTICE OF FACULTY OR ADMINISTRATIVE/PROFESSIONAL STAFF APPOINTMENT

## SOUTHERN ILLINOIS UNIVERSITY

Type of Hire ☐ New Hire ☐ Reappointment Is the appointee receiving retirement benefits from any State of IL Retirement System? ☐ Yes ☐ No

Name: Last First Middle Social Security Number (for new hire)  
AIS/Emp # (for reappointment)

### Effective Date(s):

Academic Year Basis: Fall Semester 20 \_\_\_\_\_ Spring Semester 20 \_\_\_\_\_ Intersession Semester 20 \_\_\_\_\_ Summer Semester 20 \_\_\_\_\_

If the appointment is less than a full semester, specify dates.

(Beginning Date)

(Ending Date)

Fiscal Year Basis: July 1, 20 \_\_\_\_\_ through June 30, 20 \_\_\_\_\_ or \_\_\_\_\_

(Beginning Date)

(Ending Date)

Mailcode (campus correspondence will be mailed to this address)

Campus Phone: Visit the [Telecommunications website](#) for instructions.

Contingent upon verification of eligibility to be legally employed in the United States and administrative approval, including the approval of the Board of Trustees (if required), the above named individual is hereby appointed under the following conditions:

Fac Summer		<b>Position ID 1:</b>				<b>Position ID 2:</b>			
Employment Category	<input type="radio"/> Faculty <input type="radio"/> Administrative/professional				<input type="radio"/> Faculty <input type="radio"/> Administrative/professional				
Rank or Title (Job)									
Department (Organization)									
Building (Location)									
Room									
Supervisor's Name									
Included in Bargaining Unit	<input type="radio"/> No	<input type="radio"/> IEA - Faculty	<input type="radio"/> IEA - NTT Faculty	<input type="radio"/> LIUNA - AP	<input type="radio"/> No	<input type="radio"/> IEA - Faculty	<input type="radio"/> IEA - NTT Faculty	<input type="radio"/> LIUNA - AP	
Appointment Type	<input type="radio"/> Continuing		<input type="radio"/> Term	<input type="radio"/> Post Doc	<input type="radio"/> Continuing		<input type="radio"/> Term	<input type="radio"/> Post Doc	
FLSA	<input type="radio"/> Exempt		<input type="radio"/> Non-Exempt		<input type="radio"/> Exempt		<input type="radio"/> Non-Exempt		
Percentage of Time (FTE)	%		CIP Code <sup>1</sup> :		%				
Full-Time Equivalent Monthly Salary**									
	<b>Non Paid Position ID 1:</b>				<b>Non Paid Position ID 2:</b>				
Rank or Title (Job)									
Department (Organization)									
Appointment Type	<input type="radio"/> Continuing		<input type="radio"/> Term		<input type="radio"/> Continuing		<input type="radio"/> Term		

### \*Appointment type:

A continuing appointment is one that is automatically renewed each year unless the appointee is given notice as specified in the appropriate personnel policies.

A term appointment is written for a specified period of time. Term appointments may be renewed; however, reappointment to such a position creates no right to subsequent employment or presumption of a right to subsequent employment.

\*\*SIU's payroll system will calculate the actual salary by multiplying the full-time equivalent salary by the percentage of time.

Position ID	AIS Budget Description	AIS Proportions*	AIS Fund	AIS Unit	AIS Budget Purpose	AIS Dept Activity 1	AIS Dept Activity 2	AIS Function	AIS Natural Account

\*Note: Total of account proportions per Position ID must equal 100. Complete Assignment Costing Form if additional costing needed.

\*Paid positions should be entered as 1 and 2 and Non Paid positions should be noted as NP1 and NP2.

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Last	First	Middle	Social Security Number (for new hire) AIS/Emp # (for reappointment)
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NAME:

**Tenure data** (required for initial appointment only):

	Tenured	Tenure track
Tenure rank:		
Tenure unit:		

**Special conditions of employment:**

## Other terms and conditions of appointment:

A term appointment may be terminated at any time if the state reduces university funding levels.

If the source of funds for this appointment is an external grant or contract, this appointment is contingent on the availability of funds in the external account.

It is a condition of employment that each appointee agrees to abide by and comply, with any and all applicable United States export control and trade laws and regulations.

I agree that if appointed my terms and conditions of employment will include the laws of Illinois, including Board of Trustees legislation, and all policies and regulations from time to time issued pursuant thereto, all of which will be as much a part of the applicant's employment contract as if set out in full therein, and that such terms and conditions as from time to time amended will continue to govern in any change of assignment or renewal of the appointment.

I hereby affirm that the information which I submitted in consideration for the position to which I am being appointed (including but not limited to resume or application, curriculum vitae, and/or transcripts) is true and correct. I understand that if any of the information submitted in application for this position is a misrepresentation or omission of facts, I may be subject to discharge from this appointment.

I understand that if my position is defined as a security sensitive position, that my continued employment is contingent upon successful completion of any applicable statewide post-employment investigation(s).

**I have read the terms and conditions of appointment stated in this document and agree to them.**

Applicant's signature	Date
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## ADMINISTRATIVE APPROVALS (As required by campus)

Recommendation: I certify that the appointee meets the position requirements and recommend this appointment.

Chair/Fiscal Officer	Date	Dean/Director	Date	Vice Chancellor/Provost	Date
Other Administrative Approval	Date	Other Administrative approval	Date	Other administrative approval	Date
Other Administrative Approval	Date	Chancellor	Date	President	Date

Pursuant to Chapter 2, Section B of the Policies of the Board of Trustees policy on personnel approval, if required by the Board of Trustees, you are hereby appointed to the above position, pending ratification by the Board of Trustees.

Appointment ratified by action of the Board of Trustees on:

Date

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***\*\*\*This Notice is required to be given to all employees\*\*\****

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

As part of the requirements of the Patient Protection and Affordable Care Act (PPACA), Southern Illinois University Carbondale, as your employer, is required to provide you with information relating to the Health Insurance Marketplace. This notice will serve to provide basic information about the Marketplace and how it may relate to coverage that is offered by Southern Illinois University Carbondale through the State Employee's Group Insurance Program ("SEGIP").

### Part A: General Information

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" where you will be able to compare and evaluate quality affordable private health insurance options, apply tax credits directly, and receive enrollment support. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### ***Can I save Money on my Health Insurance Premiums in the Marketplace?***

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### ***Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?***

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

SIU Carbondale employees are provided coverage through the SEGIP, provided they meet the eligibility criteria as outlined in Part B of this notice. Generally, employees who work at least 50% of a normal work period, are paid a salary through the university payroll, and are eligible to participate in and contribute to the State Universities Retirement System (SURS) are eligible for coverage through SEGIP. The SEGIP meets the Affordable Care Act's minimum value standard and is intended to be affordable based on employee wages. Accordingly, if you are eligible to participate through the SEGIP, you will generally not be eligible for a tax credit through the Marketplace. However, if you are not eligible to participate in SEGIP, or if the cost of member-only coverage through SEGIP is more than 9.5% of your household income for the year, you may be eligible for a new tax credit that lowers your monthly premium if you purchase a qualified health plan through the Marketplace.

Please note that if you are eligible for SEGIP and choose to purchase a health plan through the Marketplace instead of enrolling in the SEGIP plan, you will lose any employer contribution to the SEGIP coverage. In addition, while both the employer contributions and your employee contribution to SEGIP coverage are typically excluded from income for Federal and State income tax purposes, your payments for coverage through the Marketplace will be made on an after-tax basis.

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## How Can I Get More Information?

For more information regarding the Marketplace, including an online application for coverage and contact information for the Marketplace, please visit [HealthCare.gov](https://www.healthcare.gov). The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and the cost of such coverage.

Additional information on the SEGIP coverage can be found at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov).

## Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name <b>Southern Illinois University Carbondale</b>	4. Employer Identification Number (EIN) <b>37-6005961</b>	
5. Employee Address <b>900 S. Normal Ave, Mailcode 6520</b>	6. Employer phone number <b>(618)-453-6668</b>	
7. City <b>Carbondale</b>	8. State <b>Illinois</b>	9. Zip code <b>62901</b>
10. Who can we contact about employee health coverage at this job? <b>Human Resource Benefits Office</b>		
11. Phone Number (if different from above) <b>(618)-453-6668</b>	12. Email Address <b>HRBenefits@siu.edu</b>	

Here is some basic information about health coverage offered by Southern Illinois University Carbondale.

- As your employer, we offer a health plan to:
    - ✓ All Employees.
    - ✓ Some Employees. Eligible employees are:  
An employee who works at least 50% of a normal work period, is paid a salary through the university payroll, and is eligible to participate in and contribute to the State Universities Retirement System (SURS).
  - With respect to dependents:
    - ✓ We do offer coverage. Eligible dependents are:  
An Eligible employee's spouse; same-sex domestic partner (enrolled prior to June 1, 2011); civil union partners (enrolled on or after June 1, 2011); child from birth to age 26 where child includes an employee's natural child, stepchild or child of a civil union partner, legally adopted child or child who has been placed for adoption, and a child who has been placed under the employee's legal guardianship; or child who is older than age 26 who is totally disabled and a tax dependent of the employee.
- We do not offer coverage.
- ✓ This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**\*\*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

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## Statement of Purpose for Collection of Social Security Numbers

The Identity Protection Act (5 ILCS 179/1 *et seq.*) requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by Southern Illinois University to provide your SSN or because you requested a copy of this statement.

### Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- Student Financial Aid
- Employment matters
- Insurance Claim
- Complaint mediation or investigation
- Vendor services, such as executing contracts and/or billing
- Law enforcement investigation
- Child support collection
- Internal verification
- Administrative services
- Other: \_\_\_\_\_

### What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.<sup>1</sup> We will not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose
- Publicly post or display your SSN
- Print your SSN on any card required for you to access our services
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN<sup>2</sup>

<sup>1</sup> Exceptions include, but are not limited to: disclosure pursuant to a court order, warrants, or subpoena; disclosure to ensure safety; disclosure for internal verification or administrative purposes; disclosure for collection of delinquent child support or of any state debt or to a governmental agency to assist with an investigation or the prevention of fraud; and disclosure to investigate or prevent fraud, to conduct background checks, to collect debt, to obtain a credit report, as allowable under the federal Gramm-Leach-Bliley Act, and to locate missing persons who are due benefits, such as a pension or unclaimed property.

**A signed copy of this form must accompany the Notice of Faculty or Administrative/Professional Staff Appointment form. An additional**

**copy of the form may be provided to the employee, if requested.**  
<sup>2</sup> Exceptions include, but are not limited to: material mailed in connection with the Identity Protection Act; material mailed in connection with any tax administered by the Department of Revenue; and documents sent as part of an application or enrollment process or to establish, amend, or terminate an account, contract, or policy or to confirm the accuracy of the SSN.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date