



Employee Change Form

Complete only information which is being updated

*Change type _____ *Effective Date _____ *Assignment Number _____
 *Last Name _____ *First Name _____ *Middle Name _____

People Data

Last Name _____ First Name _____ Middle Name _____
 Social Security # _____ Birth Date _____ Gender: Male Female
 Title: _____ Nationality: _____ Ethnic Origin (select all that apply):
 Dr. U.S. Citizen American Indian or Alaskan Native
 Mr. Non-Citizen in U.S. on VISA Asian
 Mrs. Non-Citizen Not in U.S. Black or African American
 Ms. Permanent Resident Hispanic or Latino
 Miss Native Hawaiian/Other Pacific Islander
 White
 I-9 Status: _____ Visa Type _____ E-Verify Status _____
 Yes No Pending Not Required Not Applicable
 Country _____ Date Authorized _____
 Work Authorization Date _____ Case Verification # _____
 Veteran Status _____
 Position Number _____ *Check Delivery Drop _____

Special Information

Education Level _____ Other Special Information? Yes No
 Degree Expected _____ If Yes, please specify:
 Date Degree Expected _____

Address

Primary U.S. Address _____
 City _____ State _____ Zip _____
 County _____ Country _____
 Secondary Address _____ U.S. Foreign
 City _____ State _____ Zip _____
 County _____ Country _____

Assignment

Supervisor 1 _____ ID _____ Supervisor 2 _____ ID _____

*Org _____	*Current FTE _____	Employment Category: <input type="checkbox"/> Exempt Regular <input type="checkbox"/> Nonexempt Regular <input type="checkbox"/> Grad Exempt <input type="checkbox"/> Hourly	Status: <input type="checkbox"/> Regular <input type="checkbox"/> Summer <input type="checkbox"/> Extra Service <input type="checkbox"/> SUNY Extra Service
*Job Title _____	New FTE _____		
Working Hours <input type="checkbox"/> 37 ½ <input type="checkbox"/> 40	Hourly Biweekly Work Hours _____		
	Grads Biweekly Work Hours _____		

Termination Information

Last day of work _____ Reason for leaving _____

Salary

*Current Annual Salary _____ Hourly Rate _____ Hourly Biweekly Work Hours _____
 *New Annual Salary _____ *Salary for Period _____ Lump Sum _____

*Required fields



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Last Name _____ First Name _____ Assignment # _____

Comments

Current Labor Distribution

Schedule Line Changes

Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%

New Labor Distribution

Schedule Line Changes

Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%

Approvals

This assignment is consistent with sponsored program terms and conditions and with Research Foundation policies.

FOR GRAD STUDENTS, MY SIGNATURE ALSO APPROVES AUTOMATIC PAYMENT OF GRAD STUDENT TUITION AT THE IN-STATE RATE. (APPLIES TO GRANT PROPOSALS SUBMITTED AFTER 3/15/04 ONLY). FOR QUESTIONS, PLEASE CALL 2-7039. WAIVER _____

Project Director/Co-Director _____ Department Contact _____ Phone (____) _____ - _____

Signature _____ Date _____

Operations Manager:

Signature _____ Date _____

Additional Campus Signatures as Required:

Signature _____ Date _____

Employee (Required for Termination of Employment)

Signature _____ Date _____

Input by _____ Date _____

Labor Distribution Input By _____ DA Required _____ DA Input _____