



# 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 \_\_\_\_\_