



**IFR SALARY OFFSET APPOINTMENT/CHANGE FORM**

**Activity Type:** *New IFR Appointment*  *Adjust an Existing IFR*  *IFR Termination*

**Employee Type:** *Regular*  *Fellow*  **SUNY Payroll Title:**

**PEOPLE DATA**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Title:** \_\_\_ Dr. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_\_\_ **\_\_\_ M \_\_\_ F** **Type:** *Internal*

**SB ID#** \_\_\_\_\_ **Birth Date** XXXXXXXXXXXXX

**If this is an adjustment to an existing IFR please indicate change type:**

*Salary Change*  *Effort Change*  *Time Period Change*

*Briefly explain reason for change:*

**ENTRY VALUES – SUNY Earnings Element**

**Annual Salary:** \_\_\_\_\_ **Appointment Type:** *Academic year*  *Calendar year*

**NIH Salary Cap (if applicable):** \_\_\_\_\_

**Salary Amt. to be Reimbursed:** \_\_\_\_\_ **Fringe Benefits:** \_\_\_\_\_ **Total :** \_\_\_\_\_

**Effective Fringe Benefit Rate:** \_\_\_\_\_

**SCHEDULE LINES**

| Project | Task | Award | Organization | IFR Start Date | IFR End Date | % Effort |
|---------|------|-------|--------------|----------------|--------------|----------|
|         |      |       | 050-         |                |              |          |

**SUNY IFR Account Number:** \_\_\_\_\_ *(One form per IFR Account Number and Project )*

**APPROVALS**

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

**Signatures:**

\_\_\_\_\_  
Principal Investigator: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Chair/Dept Administrator: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Dean: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Other: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Operations Mgr or Delegate (OGM): \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:** *for Accounting use only*

\_\_\_\_\_

**Input by:** \_\_\_\_\_ **Date:** \_\_\_\_\_