

Supervisor Person #: _____ - _____

Regular Summer Extra Service

Department: _____ PI/Contact Name: _____ Phone: _____

PEOPLE DATA (REQUIRED)

Effective Date: _____	Last Name: _____	First Name: _____	Middle Initial: _____	Person #: _____
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PERSON RECORD CHANGES ONLY

* Name: Last Name _____ First Name _____ MI _____

* Social Security Number _____ - _____ - _____

Visa Type: F01 H01 J01 J02 PER OTH (Specify) _____

Work Authorization Exp. Date _____ Month _____ Day _____ Year

MAIL STOP (Check Delivery Drop): _____

* Requires employee's signature in notes section

ASSIGNMENT RECORD CHANGES ONLY

FTE _____ Assignment # _____

Payroll Title _____

Termination Date: _____

Check One:

Annual \$ _____ (B/W _____)

Period Amount \$ _____ (B/W _____)

Hourly Rate \$ _____

Salary Change Reason: _____

Education Level Reached	Student Status <input type="checkbox"/> SUNY Undergrad <input type="checkbox"/> SUNY Grad	If Full-Time SUNY Student Degree Expected: _____ Date (MM/DD/YY): ____/____/____
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NOTES / EXPLANATIONS REQUIRED

LABOR DISTRIBUTION (If more lines are needed, continue on Labor Distribution Form)

Transfers in PTA's need old Labor Distribution as well as all other active PTA's

Project	Task	Award	Expenditure Type	Date		<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Hourly	Actual %	LD %
				Begin	End			

Principal Investigator _____ Date _____				Chair/Dean/VP _____ Date _____				HRS - Date Stamp	
For Business Office Use									
SPS - Date Stamp		Element: _____		HR Cat. Code: _____		Begin: _____			
		HRS Signature _____ Date _____		Initials _____		End: _____			
		SPS Signature _____		Initials _____		Date _____		\$: _____	