



Type of Action: Appointment Change/Adjustment Termination

Department: _____ PD/Contact Name: _____ Phone: _____

Effective Date: (dd/mmm/yy) <i>For a new appointment, date of SUNY hire</i>	SUNY Job Title:
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PEOPLE DATA

Last Name:	First Name:	Middle Name:	Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Type: <i>Internal</i>
UB Person #:	Birth Date:	New Hire: <i>Exclude</i>	Exclusion Reason: <i>Not an Employee</i>	I-9: <i>N / A</i>	

ADDRESS

Campus Address: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> Off-Campus Location	Building:	Room:
Organization:		
For Off-Campus Locations, also complete the following:		
Street:	City:	State: Zip Code:

ASSIGNMENT (Office Use Only)

Department: <i>SUNY IFR Cost Sharing</i>	Group: <i>SUNY EE</i>	Job: <i>No job required</i>	Payroll: <i>SUNY</i>
Grade: <i>N / A</i>	Status: <i>SUNY</i>	Location: <i>030 Buffalo</i>	FTE: <i>0.0</i>
Employment Category: <i>Not an Employee</i>	Effort Reporting Status (Check one): <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> N / A	Supervisor: <i>Effort Reporting, Ms. Administrator</i>	Time Card Required: <i>No</i>
Effective Date:	Salary: 0	Approved: X	Salary Basis: <i>Non-Employee</i>
* IFR Appointment Period: Start Date: End Date:		Total Amount to be Reimbursed:	
Annual SUNY Salary:	SUNY Statement of Earnings: <input type="checkbox"/> Entered <input type="checkbox"/> Verified	SUNY Appointment Year: <input type="checkbox"/> 9 Month <input type="checkbox"/> 12 Month	Retro Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Begin Retro Date:	End Retro Date:

Input By:	Date:
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Employee Name: _____

Department:	SUNY Appointment: <input type="checkbox"/> 9 Month (Academic Year) <input type="checkbox"/> 12 Month (Calendar Year)
Period of this IFR Appointment: (Cannot exceed Project Dates) From: _____ To: _____	SUNY Salary: _____ Total Amount to be Reimbursed: _____

Accounts to be Charged:

Project	Task	Award	SWI	Appointment Start Date	Appointment End Date	% of Effort	SUNY IFR Acct to be Reimbursed	Salary Amount to be Reimbursed

Project	Task	Award	CSS	Appointment Start Date	Appointment End Date	% of Effort	SUNY IFR Acct to be Reimbursed	Salary Amount to be Reimbursed

Notes: _____

APPROVALS

Principal Investigator / CO-PI: _____ DATE: _____

Department Chair / Dean's Office: _____ DATE: _____

Department Chair / Dean's Office: _____ DATE: _____

Other: _____ DATE: _____

Fiscal Designee: _____ DATE: _____

Input By: _____	Date: _____	Notes: _____
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