

CHANGE/EXTENSION/TERMINATION FORM

(Upon completion of this form, please return it to Office of Human Resources, 216 Bray Hall)

FOR OFFICE USE ONLY	
TUITION Source _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPRING 20 _____	
FALL 20 _____	
Emp Cat: Adm ___ SP ___ Agy	

PROJECT DIRECTOR COMPLETES CURRENT INFORMATION ABOUT EMPLOYEE

EMPLOYEE'S LAST NAME		FIRST NAME		<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.			
TITLE			CURRENT SALARY END DATE		% OF FTE		
STATUS <input type="checkbox"/> Employee - SUNY FT Undergrad <input type="checkbox"/> Employee - SUNY FT Grad <input type="checkbox"/> Employee - Regular <input type="checkbox"/> Employee - Summer	SALARY (actual earnings) <input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Biweekly \$ _____ <input type="checkbox"/> Hourly \$ _____ approximate hours per week <input type="checkbox"/> Total remuneration \$ _____ <input type="checkbox"/> Summer \$ _____		PROJECT#	AWARD#	TASK#	LD%	

PROJECT DIRECTOR COMPLETES THIS SECTION WITH ANY CHANGES

NAME CHANGE		NEW ADDRESS					
NEW TITLE		New % of FTE *see page 2 WORK REGION **see page 2	SALARY EXTENSION START DATE	SALARY EXTENSION END DATE			
STATUS <input type="checkbox"/> Employee - SUNY FT Undergrad <input type="checkbox"/> Employee - SUNY FT Grad <input type="checkbox"/> Employee - Regular <input type="checkbox"/> Employee - Summer							
RESIGNATION/TERMINATION DATE <i>(last day of work)</i>		SALARY (actual earnings) <input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Biweekly \$ _____ <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Total remuneration \$ _____ <input type="checkbox"/> Summer \$ _____		PROJECT#	AWARD#	TASK#	LD%
REASON FOR RESIGNATION/TERMINATION							
FORWARDING ADDRESS							
PROJECT DIRECTOR APPROVAL _____ DATE _____ <i>(required for all)</i>				Signature _____ Date _____ DEPT CHAIR/DIRECTOR APPROVAL REQUIRED FOR ALL PI & CO PI APPOINTMENTS <i>(for departments that require, see reverse side for listing)</i>			

ADDITIONAL APPROVALS

OFFICE OF RESEARCH PROGRAMS _____ DATE _____	OPERATIONS MANAGER or DESIGNEE _____ DATE _____
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OFFICE USE ONLY

EMPLOYEE #		DATE REVIEWED REQ SUBMITTED TO HR					
I-9 COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE I-9 COMPLETED _____		VISA TYPE		WORK AUTH EXP DATE	
<input type="checkbox"/> 37.5 NONEXEMPT <input type="checkbox"/> 37.5 EXEMPT		LETTER/PNR DONE				STUDENT STATUS CHECKED	
START DATE VERIFICATION:						GRAD/ VISA SHARE FILE DONE	
E-VERIFY STATUS		AUTHORIZATION DATE:		CASE VERIFICATION #:		RPA COPY TO BURSAR	
DATE INPUT BY		LD		COPY TO PAYROLL			
SPECIAL NOTES							

