

The Research Foundation of State University of New York  
**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 _____	

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	
<b>STATUS</b> <input type="checkbox"/> Employee - SUNY FT Undergrad <input type="checkbox"/> Employee - SUNY FT Grad <input type="checkbox"/> Employee - Regular <input type="checkbox"/> Employee - Summer	<b>SALARY (actual earnings)</b> <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%

PROJECT DIRECTOR COMPLETES THIS SECTION WITH ANY CHANGES						
NAME CHANGE		NEW ADDRESS				
NEW TITLE		NEW % OF FTE	SALARY EXTENSION START DATE	SALARY EXTENSION END DATE		
<b>STATUS</b> <input type="checkbox"/> Employee - SUNY FT Undergrad <input type="checkbox"/> Employee - SUNY FT Grad <input type="checkbox"/> Employee - Regular <input type="checkbox"/> Employee - Summer						
<b>RESIGNATION/TERMINATION DATE</b> <i>(last day of work)</i> <b>REASON FOR RESIGNATION/TERMINATION</b> <b>FORWARDING ADDRESS</b>	<b>SALARY (actual earnings)</b> <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%
PROJECT DIRECTOR APPROVAL <i>(required for all)</i>			DATE	FACULTY CHAIR/DIRECTOR APPROVAL <i>(for faculties that require, see reverse side for listing)</i>		

ADDITIONAL APPROVALS			
OFFICE OF RESEARCH PROGRAMS		DATE	OPERATIONS MANAGER or DESIGNEE
			DATE

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
STATUS NONEXEMPT <input type="checkbox"/> 37.50 <input type="checkbox"/> 40		STATUS EXEMPT <input type="checkbox"/>	WORK AUTH EXP DATE
START DATE VERIFICATION:		LETTER/PNR DONE	STUDENT STATUS CHECKED
E-VERIFY STATUS:		AUTHORIZATION DATE:	VISA SHARE FILE DONE
DATE INPUT BY		CASE VERIFICATION #:	RPA SHARE FILE DONE
LD		SCANNED TO BASIN :	RPA COPY TO BURSAR
SPECIAL NOTES			

## **Faculty Chair Signature Requirements**

*Note: NO signatures are required for hourly students*

**Chemistry Faculty** - Chair signature NOT required

**Construction Management and Wood Products Engineering Faculty** - Chair signature NOT required

**Environmental and Forest Biology Faculty** – Chair signature NOT required

**Environmental Resources and Forest Engineering Faculty** - Chair signature NOT required

**Environmental Studies Faculty** – Chair signature required

**Forest and Natural Resources Management Faculty** – Chair signature required

**Landscape Architecture Faculty** - Chair signature NOT required

**Paper Science and Engineering Faculty** - Chair signature required