

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)

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		SALARY (actual earnings)		PROJECT#	AWARD#
<input type="checkbox"/> SUNY FT Undergrad <input type="checkbox"/> SUNY FT Grad <input type="checkbox"/> Non SUNY Student		<input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Biweekly \$ _____ <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Total remuneration \$ _____ <input type="checkbox"/> Summer \$ _____			
				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		

STATUS SUNY FT Undergrad SUNY FT Grad Non SUNY Student

RESIGNATION/TERMINATION DATE <i>(last day of work)</i>		SALARY (actual earnings)		PROJECT#	AWARD#	TASK#	LD%
REASON FOR RESIGNATION/TERMINATION		<input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Biweekly \$ _____ <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Total remuneration \$ _____ <input type="checkbox"/> Summer \$ _____					
FORWARDING ADDRESS							

PROJECT DIRECTOR APPROVAL <i>(required for all)</i>	DATE	FACULTY CHAIR/DIRECTOR APPROVAL <i>(for faculties that require, see reverse side for listing)</i>	DATE
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ADDITIONAL APPROVALS

OFFICE OF RESEARCH PROGRAMS	DATE	OPERATIONS MANAGER	DATE
OFFICE OF HUMAN RESOURCES	DATE	PROVOST <i>(required for faculty appointments only)</i>	DATE

OFFICE USE ONLY

EMPLOYEE #	EMPLOYEE SSN	DATE REVIEWED REQ SUBMITTED TO HR	
I-9 COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DATE COMPLETED	VISA TYPE	WORK AUTH EXP DATE
WORKING HOURS <input type="checkbox"/> 37.50 <input type="checkbox"/> 40	STATUS <input type="checkbox"/> E <input type="checkbox"/> N	LETTER DONE	STUDENT STATUS CHECKED
DATE INPUT BY	LD	COPIES PR <input type="checkbox"/> TK <input type="checkbox"/> FA <input type="checkbox"/> DATE:	VISA SHARE FILE DONE
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