Change/Extension/Termination Form

Please return the completed form to jmomara@esf.edu AND robryant@esf.edu

Current Employment Information

Last Name: _____ First Name: _____ Prefix: _____

Email Address: _____ Current Title: _____

Current Salary End Date: _____ Current % of FTE: _____

Employee Status: ___ SUNY FT Undergrad
___ SUNY FT Grad ___ MS ___ PhD
___ Regular
___ Summer
___ Postdoctoral Associate

Current Salary (Actual Earnings): ___ Annual $_____
___ Biweekly $_____
___ Hourly $_____
For hourly: approximate hours per week: _____
___ Summer $_____

Project #	Award #	Task#	LD%	Project #	Award #	Task#	LD%

Project Director Completes This Section with Applicable Changes

Last Name: _____ First Name: _____ Prefix: _____

New Mailing Address *(street, city, state, zip)*: _____

Resignation/Termination Date (*last day of work*): _____ *See page 2:* New % of FTE: _____ Work Region: _____

Reason for Resignation/Termination: _____

New Title: _____

Changes to Tuition? ___ Yes ___ No Full Tuition _____ **OR** _____ # of Credits/indicate academic year (Fall_____ Spring_____)

Salary Extension Start Date: _____ Salary Extension End Date: _____

**Retroactive changes require justification*

Employee Status: ___ SUNY FT Undergrad
___ SUNY FT Grad ___ MS ___ PhD
___ Regular
___ Summer
___ Postdoctoral Associate

Salary (Actual Earnings): ___ Annual $_____
___ Biweekly $_____
___ Hourly $_____
For hourly: approximate hours per week: _____
___ Summer $_____

Project #	Award #	Task#	LD%	Project #	Award #	Task#	LD%

_____ _____

***Required for all*: Project Director Approval (signature) Date** **Dept Chair/Director Approval (signature) Date**
Only required for summer faculty appointments

Office Use Only:

Employee # _____ Date Reviewed Req Submitted to HR: _____ RCR Training Completion Date: _____

Visa Type: _____ ___ 37.5 Nonexempt ___ 37.5 Exempt

Work Authorization Expiration Date: _____ Updated I-9 Needed: ___ Yes ___ No ___ N/A If I-9 needed, date emailed employee: _____

Update Visa Share File: _____ If Updated I-9 Needed, Completed Date: _____

Current Tuition: ___ Yes ___ No Full Tuition _____ **OR** _____ # of Credits/indicate academic year (Fall_____ Spring_____)

Letter/PNR Done: _____ Student Status Checked: _____ _____ Scanned to ORP: _____

Date Input By: _____ _____ LD: _____ Copy to Payroll: _____ Update Grad Health List: _____

*Special Notes (include justification for retroactive PTA change): _____

Office of Research Programs Section:

Tuition: ___ Yes ___ No Source: _____ Spring: _____ Employee Category: ___ Adm ___ SP ___ Agy

Tuition: ___ Full Tuition _____ # of credits approved Fall: _____ Training Required: ___ N/A ___ Yes

Amount to charge $_____ If yes, Learning Group: ___ 1 ___ 2 ___ 3 ___ RST

_____ _____

Office of Research Programs Approval (signature) Date Operations Manager or Designee Approval (signature) Date

Revised 10.7.2026

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* For purposes of pay calculation under the requirements of the Fair Labor Standards Act (FLSA) of 1938 as amended, the Research Foundation (RF) has established a workweek period that extends from Saturday at 12:00am through Friday at 11:59pm.

Within this workweek period, the Research Foundation has established either a 37.5-hour or 40-hour standard workweek as the basis for full-time employment [1.0 Full Time Equivalent (FTE)]. Part-time employment is calculated on the standard workweek.

The designation of standard work week is based upon position requirements. Although assigned a specific standard workweek relative to the core business hours of the college which is 37.5 hours per week, exempt employees are not covered under the overtime provisions contained within the Fair Labor Standards Act (FLSA). As such, they may be required to work hours outside of their standard workweek, based upon job responsibilities or business need.

*** WORK REGION**	**DESCRIPTION**
1. Great NYS	Other than NYC, Long Island and Westchester
2. International	Outside the U.S.
3. Long Island and Westchester	Suffolk, Nassau, Westchester Counties
4. NYC	Manhattan, Brooklyn, Queens, Bronx, Staten Island Boroughs
5. Out of State	U.S. Outside of NYS