

## Change/Extension/Termination Form Please return the completed form to <a href="mailto:imomara@esf.edu">imomara@esf.edu</a> AND <a href="mailto:robryant@esf.edu">robryant@esf.edu</a>

		<u>Cu</u>	rrent En	nployment 1	<u>Information</u>				
Last Name:				First Name:			Prefix:		
Email Address:				Current Title:					
Current Salary End Date:				Current % of FTE:					
Employee Status:	SUNY FT Underg	grad		Current Sala	ary (Actual Earr	ings):	Annual \$		
	SUNY FT Grad	MS	PhD						
	— Regular		_			_	Hourly \$		
_	Summer				For	- hourly: annrorie		week:	
	Postdoctoral Asso	ointe			101	юшту. арргохи	Summer \$		
Project #	1 Ostdoctoral Asso Award #	Task#	LD%		Project #	Award #	Summer \$_ Task#	LD%	
				_		_			
	 Proje	ct Director C	ompletes	This Section	on with Applica	ble Changes			
Last Name:	_		-	First Name:			Pre	fix:	
New Mailing Address	(street, city, state, zij	p):							
New Mailing Address (street, city, state, zip):						w % of FTE:	Wor	k Region:	
Reason for Resignation									
New Title:									
						ndicate academi	c vear (Fall	Spring )	
						ite:		Spring)	
*Retroactive changes req	uire justification			Salary E	xtension and Da				
Employee Status:	SUNY FT Underg	grad			Salary (Actual	Earnings):	Annual \$_		
	SUNY FT Grad	MS	_PhD			_	Biweekly \$_		
	Regular						Hourly \$		
	Summer					For hourly: approximate hours per week:			
_	— Postdoctoral Asso	ciate				······································	-		
Project #	Award #	Task#	LD%		Project #	Award #	Task#	LD%	
110jeet#	11Will a n	Tusiu,	LD / v		1 Tojece //	11WHI U	Lusion	LD /V	
				_					
				_				<del></del>	
Required for all: Project Director Approval (signature) Date					Dept Chair/Director Approval (signature)  Only required for summer faculty appointments				
Office Use Only:	D.	D : 1D	0.1	1. IID					
Employee # Date Reviewed Req Submitted to HR:								27.5 F	
Visa Type: Updated I-9 Needed:Yes _					No N/		onexempt	_37.3 Exempt  1ployee:	
Update Visa Share File:							i, date emaned en	ipioyee	
							Fall Sn	ring )	
	Tuition:        Yes        No         Full Tuition        # of Credits/indicate           NR Done:          Student Status Checked:							ORP:	
						Payroll: Update Grad Health List:			
*Special Notes (include j					,	1			
Office of Research Prog									
Tuition:Yes				Spring: _		Employee C	ategory:Adm	SPAgy	
Tuition:Full Tuition	tion:# of credits approved Fall:				RCR/CITI Training Required:N/AYes				
Amount to charge \$						If yes, Learn	ing Group:	13	
Office of Research Progr	rams Approval (signatu	re)	Date		Operations Man	ager or Designee A	Approval (signatur	re) Date	
								Revised 8.8.2025	

## Change/Extension/Termination Form

Page 2

\* 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

- 1. Great NYS
- 2. International
- 3. Long Island and Westchester
- 4. NYC
- 5. Out of State

## **DESCRIPTION**

Other than NYC, Long Island and Westchester Outside the U.S.

Suffolk, Nassau, Westchester Counties

Manhattan, Brooklyn, Queens, Bronx, Staten Island Boroughs

U.S. Outside of NYS