



Change/Extension/Termination Form

Please return the completed form to the Office of Human Resources, 216 Bray Hall or at humanresources@esf.edu

Project Director Completes Current Information About Employee

Last Name: _____ First Name: _____ Prefix: _____

Email Address: _____

Current Title: _____

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

Employee Status: SUNYFT 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: _____

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

*Retroactive changes to PTA require justification below

Employee Status: SUNYFT 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: _____

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: _____ RCR/CITI Training Required: N/A Yes

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

Office of Research Programs Approval (signature) _____ Date _____

Operations Manager or Designee Approval (signature) _____ Date _____

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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**

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