

## EMPLOYEE INFORMATION CHANGE FORM

Revised 8/18/2016

**THIS FORM NEEDS TO BE COMPLETED FOR ALL PEOPLE CHANGE INFORMATION**

<b>Effective Date of Change:</b>		<b>Employee#:</b>
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Social Security #:</b>		<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried

**PEOPLE DATA**

(Complete only administrative information which is being changed)

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Title:</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Type:</b> <i>Internal</i>	
<b>Social Security #:</b>			<b>Birth Date:</b> (dd/mmm/yy)		
<b>Nationality:</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen in US on VISA <input type="checkbox"/> Non-Citizen Not in US <input type="checkbox"/> Perm. Resident					
<b>* Note: All Non-Citizen in the United States on VISA should contact Human Resources Office.</b>					
<b>Ethnic Origin:</b> (select all that apply)		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
(select all that apply)		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or other Pacific	<input type="checkbox"/> White	
<b>I-9 Status:</b> <input type="checkbox"/> Complete		<b>Visa Type:</b>		<b>I-9 Expiration Date:</b>	
<b>Veteran Status:</b>			<b>New Hire:</b> <i>Include in New Hire Report</i>		
<b>Mail Stop (Check Delivery Drop):</b>			<b>Correspondence Language:</b>		

**SPECIAL INFORMATION**

<b>Education Level:</b>	<b>Degree Expected:</b>	<b>Date Degree Expected:</b> (dd/mmm/yy)
<b>If SUNY Student</b> <input type="checkbox"/> Fulltime (12-Credits or more) <input type="checkbox"/> Part-time (11-Credits or less)		<b>Licensure/Certification:</b>

**TERMINATION INFORMATION**

<b>Last day of Employment with the Research Foundation:</b>
<b>Reason for Termination of Employment:</b>

**ADDRESS**

<b>US Address (Primary Address in United States):</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>County:</b>	<b>Country:</b>	<b>Primary:</b> <input checked="" type="checkbox"/> (Must be a US address)	
<b>Telephone:</b> (    )	<b>E-Mail Address:</b> (Optional)		<b>Type:</b> <i>Permanent</i>

**ASSIGNMENT**

<b>Organization:</b> 160		<b>Group:</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Regular <input type="checkbox"/> Summer			
<b>Effort Reporting Status:</b> <input type="checkbox"/> E = Exempt <input type="checkbox"/> N = Non-Exempt <input type="checkbox"/> N/A = Not Applicable					
<b>RF Job Title:</b>		<b>Grade:</b> _____			
<b>Location:</b>		<b>FTE (Full Time Equivalent):</b> _____ (Ex. 5 for 20-hours a week based on 40-hour week)			
<b>Assignment Category:</b> <input type="checkbox"/> Exempt Regular <input type="checkbox"/> Exempt Temp <input type="checkbox"/> Hourly <input type="checkbox"/> Nonexempt Regular <input type="checkbox"/> Nonexempt Temp					
<b>Supervisor:</b>			<b>Status:</b> <input type="checkbox"/> Active Assignment <input type="checkbox"/> SUNY Extra Service		
<b>Work Week Basis:</b> <input type="checkbox"/> 37 1/2 hours <input type="checkbox"/> 40 hours		<b>Timecard Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Payroll:</b> <i>Biweekly</i>	
<b>Salary Basis:</b> <input type="checkbox"/> Salaried Annual <input type="checkbox"/> Salaried Period <input type="checkbox"/> Hourly 37.5 <input type="checkbox"/> Hourly 40				<b>Hours Per Pay Period:</b> _____ (For Hourly Employee)	

**SALARY**

<input type="checkbox"/> Annual Salary Amount \$ _____ /Year	<input type="checkbox"/> Hourly \$ _____ /Hr.	<input type="checkbox"/> Period Salary Amount \$ _____ /Bi-weekly
<b>Total Salary:</b> \$ _____	<b>Approved:</b> <i>X</i>	<b>Reason for Retro:</b>
<b>Retro Required?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, Pay Period From Date: _____		<b>Last Day of Pay Period Retro:</b> _____
<b>(Office Use Only)</b> Input by: _____		Date: _____



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<b>NAME:</b>	<b>Employee #:</b>	<b>SSN:</b>
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## LABOR DISTRIBUTION

**PTAEO FOR SALARY CHARGES** - Verify that ALL information is correct or the appointment cannot be processed.

**Assignment**       **Element**      Note: The end date of a labor schedule does not signify the *end date of employment*- use other side of this form to terminate employment. Failure to end a change form may cause overpayments! \*\*\*Percent in a labor schedule refers to the percent of salary allocated to the Project, Task and Award, not the amount of time an employee is working.

### Schedule Line Changes

<u>Project</u> <small>The number of the current year project (Contact Grants Management Dept. for assistance)</small>	<u>Task</u> <small>Must be current</small>	<u>Award</u> <small>Must be current</small>	<u>Organization</u> <small>Ex: 160 Research Services and Administration</small>	<u>Expenditure Type</u> <small>SWR-Salary <u>Wages Regular</u> SWU-Salary <u>Wages Undergrad</u> SWG- Salary <u>Wages Graduate</u> SWS-Summer *Exempt OR Non-Exempt*</small>	<u>Start Date</u> <small>of the labor schedule, not the appointment</small>	<u>*End Date</u> <small>of the labor schedule, not the appointment</small>	<u>%</u>

Use additional sheets for multiple labor schedules if charging salary to more than two PTAOE's

<i>(Office Use Only)</i>	LD - Input by: _____	Date: _____
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## DESCRIBE ANY CHANGES THAT YOU ARE MAKING

## APPROVALS

This assignment is consistent with sponsored program terms and conditions and with Research Foundation policies.

Project Director/Co-Project Director: \_\_\_\_\_

(Signature) (Date)

Funds are in the account for this assignment.

Operations Manager or Designee: \_\_\_\_\_

(Signature) (Date)

Additional Notes

Additional Campus Signatures as Required: \_\_\_\_\_

(Signature) (Date)