

Student Personnel Transaction *Appointment/Change of Employment Status*

I - ORIGINATOR (Forward all copies.)

Effective Date(s) From _____ Thru _____	Last 4 digits of Social Security Number	
Legal Name	Department	
Preferred Name (if different from legal)	Supervisor	
Address (New appt.)	Hourly Rate \$	
Student Assistant	Account Number	
Work Study Student	This box should only be checked in the event you are sending a revision to a previous form to increase allocation.	
Remarks		
COMPLETE EITHER SECTION A OR B BEFORE FISCAL APPROVAL WILL BE GRANTED		
A. Cost Factors (Temporary Service)	Total Hrs./Wks	Rate
		FY Total
		Project Total
B. Salary Change	Current Salary	Salary Change
		New Salary
Name of who will be approving time records		Date

II - APPROVALS

- | | | |
|--|-----------|-------|
| <input type="radio"/> Student Signature | _____ | _____ |
| | Signature | Date |
| <input type="radio"/> Authorized Account Signature | _____ | _____ |
| | Signature | Date |
| <input type="radio"/> Vice President | _____ | _____ |
| | Signature | Date |
| <input type="radio"/> Human Resources | _____ | _____ |
| | Signature | Date |
| <input type="radio"/> Budget | _____ | _____ |
| | Signature | Date |
| <input type="radio"/> VP for Administration | _____ | _____ |
| | Signature | Date |

III - PAYROLL USE ONLY

FICA Status: Exempt Non-Exempt	Award Amount	Family Income Code:
SUNY ID:	Gender : M F	Line Number:
Documents: W-4 IT-2104 I-9 New Hire Data Form	Notice Date:	
Entered in SUNY HR TAS Retirement Direct Deposit	HIR REH CCH	Employee #