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 / Amount $
☐ Student Assistant ☐ Resident Assistant	Account Number
☐ Work Study Student ☐ Student Internship	☐ This box should only be checked in the event you are sending a revision to a previous form to increase allocation.
Remarks	

A. Cost Factors (Temporary Service)	**Total Hrs./Wks**	**Rate**	**FY Total**	**Project Total**

II - APPROVALS

- ○ Student Signature _____ Signature _____ Date
- ○ Supervisor Signature _____ Signature _____ Date
- ○ Authorized Account Signature _____ Signature _____ Date
- ○ Human Resources _____ Signature _____ Date
- ○ Budget _____ Signature _____ Date
- ○ 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		
☐ Entered in SUNY HR ☐ TAS ☐ Retirement ☐ Direct Deposit	HIR REH CCH Employee #	