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| **Location: \_\_\_\_\_\_\_\_\_\_\_****Action: \_\_\_\_\_ New Appt \_\_\_\_\_Appt Change. If Change, Effective Date (*DD-MMM-YY*): \_\_\_\_\_\_\_** |
| **IFR Appointment Period: Start Date: End Date:** |
| **PEOPLE DATA** |
| **Last Name:** | **First Name:** | **Middle Name:** |
| **Title: \_\_\_\_Dr. \_\_\_\_ Miss \_\_\_\_Mr. \_\_\_\_Mrs. \_\_\_\_Ms.** |  **\_\_\_ M \_\_\_ F** | **Type:** *Internal* |
| **Social Security #:** | **Birth Date:**  | **(***01-Jan-1979 if unknown)* |
| **New Hire:** *Exclude* | **Exclusion Reason:** *Not an EE* | **I-9:** *N/A* | **Assignment #:** |
| **E-Verify Status:** *No* | **Date Authorized:** *N/A* | **Case Verification #:** *N/A* |
|  ADDRESS |
| **US (Primary) Address:** *(Campus default address)* |
| **City:** | **State:** | **Zip Code:** |
| **County:** | **Country:**  |  **Type: Primary: *Y*** |

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| ASSIGNMENT |
| **Organization: \_\_\_\_\_** *SUNY IFR Cost Sharing*Always use the organization (campus location **number)** **SUNY/IFR Cost Sharing** to ensure that any undistributed amounts will be passed to Other Institutional Activity (OIA) in LD and NOT go to suspense. | **Group Flexfield** **Location:** *\_\_\_\_\_\_\_* **Assignment Group***: SUNY EE***Effort Reporting Status***: (Check One)* *\_\_\_ E=Exempt, needs system-created report* *\_\_\_ N=Non-Exempt, needs system-created report* *\_\_\_ N/A=Not Applicable, no system report needed* |
| **Job:** *No job required* | **Payroll:** *SUNY* |
| **Grade:** *N/A.0* | **Status:** *SUNY* |
| **Location:**  | **FTE:**  *0.0* |
| **Employment Category:** *Not an Employee* | **Supervisor:**  *Effort Reporting, Administrator**Enter campus location number if E or N is checked above. If N/A leave blank.* |
| GRE & Other Data: GRE: *The Research Foundation of SUNY* Time Card Required: *No* | Salary Basis: *Non-Employee* |
| SUNY Statement of Earnings \_\_\_\_Verified  |

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| SALARY ADMINISTRATION |
| **Change Date:**  | **Salary:** *$0.00* | **Approved: *X*  *Box must be checked in Oracle*** |
| **ENTRY VALUES – SUNY Earnings Element** |
| Annual SUNY Salary: (Enter the person’s annual salary on SUNY payroll) |
| Beg Date of SUNY Appt Year: (Date annual SUNY Salary starts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date of SUNY Appt Year: (Date annual SUNY Salary ends) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Retro Required? \_\_\_Y \_\_\_N | Begin Retro Date:  | End Retro Date:  |

**For campus information only**

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| **Salary amount to be Reimbursed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fringe Benefit amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Total to be Reimbursed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Fringe Benefit Rate: \_\_\_\_\_\_\_** |

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| **Input by:**  | **Date:**  |

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| **NAME:** | **Employee #:** | **SSN:** |
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| **SCHEDULE LINES** |
| **Schedule Hierarchy:**  | **Assignment\_\_\_\_\_** | **Element\_\_\_\_\_** |
| **Project** | **Task** | **Award** | **Organization** | **Exp. Type** | **Start Date** | **End Date** | **%** |
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| **SUNY CHART OF ACCOUNTS** |
| **SUNY COA:** (Must be provided for all **IFR** appointments only) |

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| --- | --- |
| **Input by:**  | **Date:** |

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| **APPROVALS** |

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

### Project Director/Co-Project Director:

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###  (Signature) (Date)

### Operations Manager or Delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)

Additional campus signature as required:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)