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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)