SUNY IFR/COST SHARING APPOINTMENT/CHANGE FORM
(All Fields Are Required)

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*
Pseudo 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*
Email:			

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*
Job: *No job required*	**Payroll:** *SUNY*
Grade: *N/A.0*	**Status:** *SUNY*
Location:	**FTE:** *0.0*
Employment Category: *Not an Employee*	
GRE & Other Data: GRE: *The Research Foundation of SUNY* **Time Card Required:** *No*	**Salary Basis:** *Non-Employee*
*Job Title:	
*Primary Department of Assignment:	

*Job Title and Primary Department of Assignment is additional data needed for the purposes of effort reporting. This information should be entered in the Coeus extra information form. See SUNY IFR/Cost Sharing Appointment/Change Form Instructions for additional information.

SALARY ADMINISTRATION		
Change Date:	**Salary:** *$50,000*	**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:**

Revised February 2022

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(All Fields Are Required)

For campus information only

Salary amount to be Reimbursed: _____	**Fringe Benefit amount:** _____
Total to be Reimbursed : _____	**Effective Fringe Benefit Rate:** _____

Input by:	**Date:**

NAME:	**Employee #:**

SCHEDULE LINES

Schedule Hierarchy: Assignment_____   Element_____

Project	Task	Award	Organization	Exp. Type	Start Date	End Date	%

SUNY CHART OF ACCOUNTS

SUNY COA: (Must be provided for all **IFR** appointments only)

Input by:	**Date:**

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)