

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													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">A. Cost Factors (Temporary Service)</th> <th style="width: 15%;">Total Hrs./Wks</th> <th style="width: 15%;">Rate</th> <th style="width: 10%;">FY Total</th> <th style="width: 10%;">Project Total</th> </tr> </thead> <tbody> <tr> <td colspan="5">If paying over the minimum wage, please provide explanation as to why.</td> </tr> </tbody> </table>				A. Cost Factors (Temporary Service)	Total Hrs./Wks	Rate	FY Total	Project Total	If paying over the minimum wage, please provide explanation as to why.				
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II - APPROVALS

<input type="radio"/> Student Signature	_____	_____
	Signature	Date
<input type="radio"/> Supervisor Signature	_____	_____
	Signature	Date
<input type="radio"/> Authorized Account Signature	_____	_____
	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
Entered in SUNY HR	TAS	Retirement	Direct Deposit	HIR REH CCH Employee #