

NEW EMPLOYEE EXISTING EMPLOYEE
 VOLUNTEER VISITING SCHOLAR

Search # (if applicable): _____ Waiver # (if applicable): _____

EMPLOYEE DATA

Name _____ SUNY ID _____
Last First

EMPLOYEE CLASSIFICATION

APPOINTMENT DETAILS

New Appointment (all fields required) Update/Renew Appointment (update ONLY fields that are changing)
Appointment Type: Effective ___/___/___ TO ___/___/___ (if applicable)
 Change Reason Effective ___/___/___ TO ___/___/___ (if applicable)
Neg Unit
Department _____ Supervisor _____ Line Number (if known) _____
Budget title _____ Local title _____

Hire as lecturer ABD if Ph.D not yet conferred.

FTE ___ (%) of full time effort Salary Grade (if known) _____ Salary _____ Pay Basis _____
Incumbent _____ Account # _____
Obligation (other: _____)
College Year Recess Dates FROM ___/___/___ TO ___/___/___ FROM ___/___/___ TO ___/___/___
Obligation Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
Pass Days Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
Shift hours (Classified and Professional Part-time) FROM _____: TO _____

ALSO RECEIVES PAYMENT (MC and UUP only)

Reason _____ Description _____
Total Amount _____ Begin ___/___/___ End ___/___/___ ACCT.# _____

PERFORMANCE MANAGEMENT

CLASSIFIED: Performance Program FROM ___/___/___ TO ___/___/___
 Probation Report **or** Performance Evaluation FROM ___/___/___ TO ___/___/___
Request to Pass Probation Fail Probation (Requires HR Consultation) Effective ___/___/___
PROFESSIONAL: Performance Program FROM ___/___/___ TO ___/___/___
Performance Evaluation FROM ___/___/___ TO ___/___/___
Request for Permanent Appointment Effective ___/___/___
Request for Non-Renewal (Requires HR Consultation) Effective ___/___/___

SEPARATION

Balance of contract dates (HR only) Effective ___/___/___ Beginning of Business
Balance of contract amount (HR only) FROM ___/___/___ TO ___/___/___

Supervisor/Chair _____ Date _____
Dean/Director/AVP _____ Date _____
Vice President/President _____ Date _____
Affirmative Action Officer (Prof./Fac. hires only) _____ Date _____
HR/Benefits Manager _____ Date _____
Budget Officer (if applicable) _____ Date _____

HR USE ONLY Date Received ___/___/___
Benefit flag _____ Processed by _____ Date ___/___/___
Anniversary Date ___/___/___ FIS _____ IncCode _____
LEAVES _____ % of pay (if applicable)
FROM ___/___/___ TO ___/___/___ Processed by _____
FLSA = E or NE

PAYROLL USE ONLY PR#/YR _____ / _____
NEED DONE Eff date _____
 TAS Act/Reason _____
 1040 Act/Reason _____
 Comment (back) Pay Rate _____
Time Entry _____ Initials _____