



Office of Human Resources, Diversity & Inclusion

EMPLOYEE ACTION

NEW EMPLOYEE EXISTING EMPLOYEE VOLUNTEER VISITING SCHOLAR

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

Employee Legal Name _____ Last _____ First _____ SUNY ID _____

Employee Preferred Name _____ 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 _____