PERSON ASSIGNMENT FORM

(NOTE: Do NOT use for Employees or Fellows)

Effective Date (dd/mmm/yy):		Operating Location:	
PEOPLE DATA			
Last Name:	**First Name:**		**Middle Name:**
Title: ____Dr. ____Miss ____Mr. ____Mrs. ____Ms.		**Gender:** ___ M ___ F	**Type:** *Internal*
Social Security #:			
New Hire: *Exclude from New Hire Report*		**Exception Reason:** *Not an Employee*	
E-Verify Status: *No*	**Date Authorized:** *N/A*	**Case Verification #:** *N/A*	

ADDRESS		
US (Primary)Address:		
City:	**State:**	**Zip Code:**
County:	**Country:**	
Type:	**Primary: Y (must be a US address)**	
Telephone: ( )		
E-Mail Address:		
Address 2: ___US ___Foreign		
City:	**State:**	**Zip Code:**
County:	**Country:**	
Type:	**Primary: N**	
Telephone: ( )		

ASSIGNMENT		
Organization:	**Op. Loc.:**	**Group:**
Job: *No job required*	**Grade:** *NA.0*	**FTE:** *0.0*
Location:	**Status:**	
Assignment Category: *Not an Employee*	**Time Card Required:** *No*	
Salary Basis: *Non-Employee*		

SALARY	
Salary:	**If IFR: SUNY Salary: $**
Assignment Period: From:	**To:**

Input By:	**Date:**

April 2018