



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: <i>Internal</i>
Social Security #: _____		Birth Date: _____ (01-JAN-1979 if unknown)	
New Hire: <i>Exclude</i>	Exclusion Reason: <i>Not an EE</i>	I-9: <i>N/A</i>	Assignment #: _____
E-Verify Status: <i>No</i>	Date Authorized: <i>N/A</i>	Case Verification #: <i>N/A</i>	
ADDRESS			
US (Primary) Address: (<i>Campus default address</i>)			
City: _____		State: _____	Zip Code: _____
County: _____		Country: _____	Type: _____ Primary: <i>Y</i>
Email: _____			

ASSIGNMENT	
Organization: _____ <i>SUNY IFR Cost Sharing</i>	Group Flexfield
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.	Location: _____ Assignment Group: <i>SUNY EE</i>
Job: <i>No job required</i>	Payroll: <i>SUNY</i>
Grade: <i>N/A.0</i>	Status: <i>SUNY</i>
Location: _____	FTE: <i>0.0</i>
Employment Category: <i>Not an Employee</i>	
GRE & Other Data: GRE: <i>The Research Foundation of SUNY</i>	Salary Basis: <i>Non-Employee</i>
Time Card Required: <i>No</i>	
*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: <i>\$0.00</i>	Approved: <i>X Box must be checked in Oracle</i>
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: _____



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For campus information only

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

Input by: _____	Date: _____
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NAME: _____	Employee #: _____	SSN: _____
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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)
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Input by: _____	Date: _____
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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)