



DATE STAMP

ORACLE INFORMATION CHANGE FORM

THIS FORM NEEDS TO BE COMPLETED FOR ALL PEOPLE CHANGE INFORMATION

Effective Date:(dd-MMM-yy)	Social Security #:
Last Name:	First Name:

ASSIGNMENT

Organization: 150 –	Op. Location: 150	Group:
Effort Reporting Status: E = Exempt N= Non-Exempt N/A = Not Applicable		
Job:	Grade:	Payroll: <i>Biweekly</i>
Location: 150 Brockport	Status: Active Assignment	SUNY Extra Service
Employment Category:	Exempt Regular Exempt Temp Hourly Nonexempt Regular Nonexempt Temp	
Supervisor: Effort Status Exempt or Nonexempt (Y) N If yes,	150 Effort Reporting, Administrator	
Timecard Required: Y N	Salary Basis:	FTE:

SALARY

Proposal (Effective) Date:	RATE:
	Salary Annual Salary Period Hourly
Approved: X	Reason:
Retro Required? No Yes: Begin Date: (dd-mmm-yy)	End Date:(dd-mmm-yy)

Input by:	Date:
-----------	-------

LABOR DISTRIBUTION

Schedule Hierarchy				Schedule Line Changes			Assignment	Element
Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%/\$	
LD Adjust?	Y N							

Input by:	Date:
-----------	-------

OTHER CHANGES AND EXPLANATIONS

APPROVAL

This assignment is consistent with sponsored program terms and conditions and with Research Foundation policies.

Project Director/Co-Project Director: _____ (Signature) _____ (Date)

Funds are in the account for this assignment.

 SPIRO/POST
Operations Manager or Alternate OM _____ (Signature) _____ (Date)

Research Foundation Human Resources Review/Approval: _____