THE RESEARCH FOUNDATION
The State University of New York

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:**
Email (required):	

ASSIGNMENT

Organization: 150 – Academic Affairs   **Op. Location:** 150   **Group:** Employee-Regular

Effort Reporting Status: ◉ **E** = Exempt   ◉ **N** = Non-Exempt   ◉ **N/A** = Not Applicable

Job: Clerk I   **Grade:** N.3   **Payroll:** *Biweekly*

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:** Hourly   **FTE:**

SALARY

Proposal (Effective) Date	**RATE:**
	Sala☐**Annual** **Salary**☐**eriod** **Hourly** ☑
Approved: *X* **Reason:**	
Retro Required? ☐ **No** ☐ **Yes: Begin Date** : (dd-mmm-yy) **d Date** :(dd-mmm-yy)	

E-verify Status:
Date Authorized:
Case Verification #:

Input by: Date:

LABOR DISTRIBUTION

Schedule Hierarchy   **Assignme** ◯ :   **Element** ◯

Schedule Line Changes

Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%/$
			Academic Affairs	SWR-Regular NE			
			Academic Affairs	SWR-Regular NE			
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

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

Funds are in the account for this assignment.
SPIRO/RIOTTO

Operations Manager or Research Endorsing Designee   (Signature)   (Date)

Research Foundation Human Resources Review/Approval: