



DATE STAMP

ACADEMIC FELLOWSHIP CHANGE FORM

Effective Date:	Operating Location: 150 Brockport
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PEOPLE DATA

Last Name:	First Name:	Emp ID #:
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AWARD DATA

Award Amount:	Fellow Type: ___ Faculty ___ Postdoc ___ Grad <u>X</u> UnderGrad		
Award Begin Date <small>(dd/mmm/yy)</small>	Award End Date <small>(dd/mmm/yy)</small>		
Retro Required? ___ No ___ Yes	Begin Date: (dd/mmm/yy) End Date: (dd/mmm/yy)		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"><i>(Office Use Only)</i> Input by:</td> <td style="width: 40%;">Date:</td> </tr> </table>		<i>(Office Use Only)</i> Input by:	Date:
<i>(Office Use Only)</i> Input by:	Date:		

ACADEMIC FELLOWSHIP - LABOR DISTRIBUTION

<i>Schedule Line Changes</i>						X Element (Stip Fel NQual 1)	
Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%
			150	<i>FPS Fellowships</i>			100

<i>(Office Use Only)</i> LD - Input by:	Date:
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APPROVALS

This assignment is permissible under the terms stated by the above sponsor.

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

Funds are in the account for this assignment.

LAURA MERKL

Operations Manager or Designee (Signature) (Date)

Research Foundation Human Resources Review/Approval: _____