



**ORACLE
INFORMATION
CHANGE FORM**

Effective Date:(dd-MMM-yy)

RF ID #:

THIS FORM NEEDS TO BE COMPLETED FOR ALL PEOPLE CHANGE INFORMATION

Last Name: _____ **First Name:** _____

ASSIGNMENT

Organization: -		Op. Location: 150	Group: Employee -
Job:		Grade:	Payroll: Biweekly
Location: 150 Brockport	Status: <input checked="" type="checkbox"/> Active Assignment		SUNY Extra Service
Assignment Category: <input type="checkbox"/> Exempt Regular <input type="checkbox"/> Hourly <input type="checkbox"/> Nonexempt Regular		Work Week Basis: 37.5 hours	
Supervisor:		Work Region: Greater NYS	
Salary Basis: Salaried Annual Salaried Period Hourly		Hourly-Benefits Eligible <input type="checkbox"/> Y <input type="checkbox"/> N	FTE:
E-Verify Status: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Date Authorized:	Case Verification #:
Correspondence Language:		Mail Stop:	202

SALARY

Proposal (Effective) Date: (dd-mmm-yy)	RATE:
Approved: <input checked="" type="checkbox"/> Reason:	Salary Annual Salary Period Hourly
Retro Required? <input checked="" type="checkbox"/> No Yes: Begin Date: (dd-mmm-yy)	Retro End Date: (dd-mmm-yy)

Campus Verification: _____

Input by: _____ Date: _____

LABOR DISTRIBUTION

Schedule Hierarchy							<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> Element
Schedule Line Changes								
Project	Task	Award	Organization	Expenditure Type	LD Start Date	LD End Date	%/\$	

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.

LAURA MERKL
Operations Manager or Designee _____ (Signature) _____ (Date)

Research Foundation Human Resources Review/Approval: _____