**[ ]** New Hire**[ ]** Renewal (Rehired)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Last 4 digits SSN: |       |

|  |  |
| --- | --- |
| **STUDENT STATUS** | At least ½ time undergraduate |
| **HOURLY SALARY RATE** |       |
| **EFFECTIVE DATE** |        |
| **END DATE** |       |
| **SUNY CAMPUS** |       |
| **DEPARTMENT** |       |
| **SUPERVISOR** |       |
| **NAME OF DEPT. ACCT. TO BE CHARGED** |       |
| **DEPT. ACCT. # TO BE CHARGED** |       |

**Assignment Schedule**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DAYS** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Time In** |       |       |       |       |       |       |       |
| **Time Out** |       |       |       |       |       |       |       |
| **Daily Total** |       |       |       |       |       |       |       |
| **Total Hrs/Week** |  |  |  |  |  |  |       |

**AUTHORIZATION SIGNATURES**

 **Printed Name Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| Director/Department Chair/Dean  |       |  | Date:  |
| Financial Aid |       |  | Date:  |
| Area Vice President |       |  | Date:  |
| Budget |       |  | Date:  |

|  |
| --- |
| **THIS FORM MUST BE SIGNED AND ON FILE WITH HUMAN RESOURCES BEFORE EMPLOYMENT BEGINS.** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Current NYS employee?** | **[ ] Yes** **[ ] No** | **If yes, where?**  |  |
| **Previously employed by NYS?** | **[ ] Yes [ ] No** | **NYS Retiree?** | **[ ] Yes [ ] No** |
| **Member NYS Retirement?** | **[ ] Yes [ ] No** | **System & Membership #** |  |

**\*\*FOR PAYROLL/HUMAN RESOURCES USE ONLY\*\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I-9 | SUNY HR PERSON | SUNY HR APPT | 1040 | Payroll | Benefits Eligible? | Time Records | Budget |
|  |  |  |  |  |  |  |  |
| STAMPING AREA |

Revised 5/28/14