

☐ New Hire ☐ Renewal (Rehired)

Name:		Last 4 digits SSN:	
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<b>STUDENT STATUS</b>	At least 1/2 time undergraduate
<b>HOURLY SALARY RATE</b>	
<b>EFFECTIVE DATE</b>	
<b>END DATE</b>	
<b>SUNY CAMPUS</b>	
<b>DEPARTMENT</b>	
<b>SUPERVISOR</b>	
<b>NAME OF DEPT. ACCT. TO BE CHARGED</b>	
<b>DEPT. ACCT. # TO BE CHARGED</b>	

**Assignment Schedule**

<b>DAYS</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Time In</b>							
<b>Time Out</b>							
<b>Daily Total</b>							
<b>Total Hrs/Week</b>							

**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.**

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

<b>Current NYS employee?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, where?</b>	
<b>Previously employed by NYS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NYS Retiree?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Member NYS Retirement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>System &amp; Membership #</b>	

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

**STAMPING AREA**