



# Change/Extension/Termination Form

Please return the completed form to [jmomara@esf.edu](mailto:jmomara@esf.edu) AND [robryant@esf.edu](mailto:robryant@esf.edu)

## Current Employment Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Prefix: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Current Title: \_\_\_\_\_  
 Current Salary End Date: \_\_\_\_\_ Current % of FTE: \_\_\_\_\_  
 Employee Status:  SUNY FT Undergrad  SUNY FT Grad  MS  PhD  
 Regular  Summer  Postdoctoral Associate  
 Current Salary (Actual Earnings): \_\_\_\_\_ Annual \$ \_\_\_\_\_  
 \_\_\_\_\_ Biweekly \$ \_\_\_\_\_  
 \_\_\_\_\_ Hourly \$ \_\_\_\_\_  
*For hourly: approximate hours per week: \_\_\_\_\_*  
 \_\_\_\_\_ Summer \$ \_\_\_\_\_

Project #	Award #	Task#	LD%	Project #	Award #	Task#	LD%
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

## Project Director Completes This Section with Applicable Changes

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Prefix: \_\_\_\_\_  
 New Mailing Address (street, city, state, zip): \_\_\_\_\_  
 Resignation/Termination Date (last day of work): \_\_\_\_\_ See page 2: New % of FTE: \_\_\_\_\_ Work Region: \_\_\_\_\_  
 Reason for Resignation/Termination: \_\_\_\_\_  
 New Title: \_\_\_\_\_  
 Changes to Tuition?  Yes  No Full Tuition \_\_\_\_\_ OR \_\_\_\_\_ # of Credits/indicate academic year (Fall \_\_\_\_\_ Spring \_\_\_\_\_)  
 Salary Extension Start Date: \_\_\_\_\_ Salary Extension End Date: \_\_\_\_\_  
*\*Retroactive changes require justification*

Employee Status:  SUNY FT Undergrad  SUNY FT Grad  MS  PhD  
 Regular  Summer  Postdoctoral Associate  
 Salary (Actual Earnings): \_\_\_\_\_ Annual \$ \_\_\_\_\_  
 \_\_\_\_\_ Biweekly \$ \_\_\_\_\_  
 \_\_\_\_\_ Hourly \$ \_\_\_\_\_  
*For hourly: approximate hours per week: \_\_\_\_\_*  
 \_\_\_\_\_ Summer \$ \_\_\_\_\_

Project #	Award #	Task#	LD%	Project #	Award #	Task#	LD%
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Required for all: Project Director Approval (signature) \_\_\_\_\_ Date \_\_\_\_\_**      **Dept Chair/Director Approval (signature) \_\_\_\_\_ Date \_\_\_\_\_**  
*Only required for summer faculty appointments*

**Office Use Only:**  
 Employee # \_\_\_\_\_ Date Reviewed Req Submitted to HR: \_\_\_\_\_ RCR Training Completion Date: \_\_\_\_\_  
 Visa Type: \_\_\_\_\_ 37.5 Nonexempt \_\_\_\_\_ 37.5 Exempt  
 Work Authorization Expiration Date: \_\_\_\_\_ Updated I-9 Needed:  Yes  No  N/A If I-9 needed, date emailed employee: \_\_\_\_\_  
 Update Visa Share File: \_\_\_\_\_ If Updated I-9 Needed, Completed Date: \_\_\_\_\_  
 Current Tuition:  Yes  No Full Tuition \_\_\_\_\_ OR \_\_\_\_\_ # of Credits/indicate academic year (Fall \_\_\_\_\_ Spring \_\_\_\_\_)  
 Letter/PNR Done: \_\_\_\_\_ Student Status Checked: \_\_\_\_\_ Scanned to ORP: \_\_\_\_\_  
 Date Input By: \_\_\_\_\_ LD: \_\_\_\_\_ Copy to Payroll: \_\_\_\_\_ Update Grad Health List: \_\_\_\_\_  
 \*Special Notes (include justification for retroactive PTA change): \_\_\_\_\_

**Office of Research Programs Section:**  
 Tuition:  Yes  No Source: \_\_\_\_\_ Spring: \_\_\_\_\_ Employee Category:  Adm  SP  Agy  
 Tuition:  Full Tuition \_\_\_\_\_ # of credits approved \_\_\_\_\_ Fall: \_\_\_\_\_ RCR/CITI Training Required:  N/A  Yes  
 Amount to charge \$ \_\_\_\_\_ If yes, Learning Group:  1  2  3

Office of Research Programs Approval (signature) \_\_\_\_\_ Date \_\_\_\_\_      Operations Manager or Designee Approval (signature) \_\_\_\_\_ Date \_\_\_\_\_

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\* For purposes of pay calculation under the requirements of the Fair Labor Standards Act (FLSA) of 1938 as amended, the Research Foundation (RF) has established a workweek period that extends from Saturday at 12:00am through Friday at 11:59pm.

Within this workweek period, the Research Foundation has established either a 37.5-hour or 40-hour standard workweek as the basis for full-time employment [1.0 Full Time Equivalent (FTE)]. Part-time employment is calculated on the standard workweek.

The designation of standard work week is based upon position requirements. Although assigned a specific standard workweek relative to the core business hours of the college which is 37.5 hours per week, exempt employees are not covered under the overtime provisions contained within the Fair Labor Standards Act (FLSA). As such, they may be required to work hours outside of their standard workweek, based upon job responsibilities or business need.

## **\* WORK REGION**

1. Great NYS
2. International
3. Long Island and Westchester
4. NYC
5. Out of State

## **DESCRIPTION**

- Other than NYC, Long Island and Westchester  
Outside the U.S.  
Suffolk, Nassau, Westchester Counties  
Manhattan, Brooklyn, Queens, Bronx, Staten Island Boroughs  
U.S. Outside of NYS