



The Research Foundation for State University of New York

IFR/CS ASSIGNMENT (Appointment)/CHANGE FORM

Effective Date: *(For a new appointment, date of SUNY hire)*

EMPLOYEE DATA

Last Name:

First Name:

MI:

Title: ___ Dr. ___ Mr. ___ Mrs. ___ Ms. | **Gender:** ___ M ___ F | **Social Security #:**

APPOINTMENT SPECIFICS

SUNY Salary (including any guaranteed "Also Receives" and location pay):

Total SALARY to be reimbursed (without fringe benefits):

Project	Task	Award	Organization	Start Date	End Date	% of SUNY Salary to be Reimbursed

SUNY CHART OF ACCOUNTS (COA)

SUNY COA:

REMARKS

APPROVALS

This assignment is consistent with sponsored program terms and conditions, and with Research Foundation policy.

Signatures:

Principal Investigator/Co-Principal Investigator:

Date: _____

Operations Manager or Delegate:

Date: _____

Other signatures as required by campus:

Date: _____

Name:

Title: Chairperson

Date: _____

Name:

Title: Dean

Input by:

Date:
