

SUNY Maritime College

STUDENT APPOINTMENT/CHANGE FORM

NOT TO BE USED FOR REGULAR EMPLOYEE APPOINTMENTS

<input type="checkbox"/> NEW APPOINTMENT (NEW HIRE) <input type="checkbox"/> REAPPOINTMENT (NO BREAK IN SERVICE) <input type="checkbox"/> REHIRE (BREAKS IN SERVICE) <input type="checkbox"/> CURRENTLY ON PAYROLL <input type="checkbox"/> TERMINATE (REMOVE FROM PAYROLL)	EFFECTIVE DATE OF TRANSACTION _____ (Beginning of Business)
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SECTION I		ADMINISTRATIVE DATA	
NAME		SOCIAL SECURITY NUMBER	
GENDER (M/F)	DATE OF BIRTH	ETHNIC ORIGIN (REQUIRED)	
HOME ADDRESS (REQUIRED INFORMATION)		OFFICE ADDRESS	
CITY	STATE	ZIP	
COUNTRY		DEPARTMENT	

SECTION II		STIPEND AND ACCOUNT DISTRIBUTION	
APPOINTMENT DATES (CHECK ONE) <input type="checkbox"/> FALL SEMESTER ONLY <input type="checkbox"/> SPRING SEMESTER ONLY <input type="checkbox"/> ACADEMIC YEAR	HOURLY RATE	LUMP SUM PAYMENT (ONLY APPLICABLE IF A ONE TIME PAYMENT)	
	ACCOUNT #1	AMOUNT \$:	ACCOUNT:
	ACCOUNT #2	COMMENTS:	

SECTION III (SELECT ONE)	
<input type="checkbox"/> STUDENT ASSISTANT <i>(STUDENT IS COMPENSATED SOLELY AT THE DISCRETION OF DEPARTMENT BUDGET)</i>	<input type="checkbox"/> WORK STUDY <i>(STUDENT HAS FINANCIAL AID ALLOTTED MONEY THAT DEPLETES THROUGHOUT THE SEMESTER)</i>

SECTION IV	APPROVALS	FOR HR ADMINISTRATIVE USE ONLY
DEPARTMENT MANAGER		PROCESSOR INITIALS:
CHIEF FINANCIAL OFFICER		