# ORACLE INFORMATION CHANGE FORM

**SUNY RF** — The Research Foundation for The State University of New York

## THIS FORM NEEDS TO BE COMPLETED FOR ALL PEOPLE CHANGE INFORMATION

| | | |
|---|---|---|
| **Effective Date:(dd/mmm/yy)** | | |
| **Last Name:** | **First Name:** | **Middle Name:** |
| **Employee #:** | | |

## PEOPLE DATA
### (Complete ONLY administrative information which is being changed)

| | | |
|---|---|---|
| **Last Name:** | **First Name:** | **Middle Name:** |

**Title:** ___ Dr. ___ Miss ___ Mr. ___ Mrs. ___ Ms. ___ Mx.   **Sex:** ___ M ___ F   **Gender:** ___ M ___ F ___ X

**Birth Date :(dd/mmm/yy)**   **Type:** *Internal*

**Nationality:** ___ US Citizen ___ Non-Citizen in US on VISA ___ Non-Citizen Not in US ___ Permanent Resident

**Ethnic Origin: (select all that apply)** American Indian or Alaskan Native ____ , Asian ____ , Black or African American ____ , Hispanic or Latino ____ , Native Hawaiian or Other Pacific ____ , White ____ , Two or More Races ____

**Chosen or Preferred First Name:**

| | | |
|---|---|---|
| **I-9 Status:** | **Visa Type:** | **I-9 Expiration Date:** |
| **Veteran Status:** | **New Hire:** | |
| **Mail Stop (Check Delivery Drop):** | **Correspondence Language:** | |
| **E-Verify Status:** | **Date Authorized:** | **Case Verification #:** |

### SPECIAL INFO

| | | |
|---|---|---|
| **Education Level:** | **Degree Expected:** | **Date Degree Expected:(dd/mmm/yy)** |
| **Other Special Info:** ___ Y ___ N | **Specify:** | |

### TERMINATION INFORMATION

| |
|---|
| **Termination Date: (dd/mmm/yy)** |
| **Termination Reason:** |

## ADDRESS

**US Address (Primary Address in United States):**

| | | |
|---|---|---|
| **City:** | **State:** | **Zip Code:** |
| **County:** | **Country:** United States | |
| **Type:** | **Primary:** __Y__ (this should be checked on the US address) | |
| **Telephone: (          )** | | |
| **E-Mail Address:** | | |

**Address 2:** ___ US ___ Foreign

| | | |
|---|---|---|
| | | |
| **City:** | **State:** | **Zip Code:** |
| **County:** | **Country:** | |
| **Type:** | **Primary: N** | **Telephone: (          )** |

## ASSIGNMENT

| | | |
|---|---|---|
| **Organization:** | **Op. Location:** | **Group:** |

**Effort Reporting Status: N/A** = Not Applicable

| | | |
|---|---|---|
| **Job:** | **Grade:** | **Payroll:** *Biweekly* |
| **Location:** | **Status:** | |
| **Assignment Category:** | | |
| **Supervisor:** | **Employee Category:** | |

**Work Week Basis:** ____ 37 ½ hours ____ 40 hours | Hourly-Benefit Eligible ____ Y ____ N

| | | | |
|---|---|---|---|
| **Salary Basis:** | **FTE:** | **Work Region:** | **Appointment Type:** |

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# ORACLE INFORMATION CHANGE FORM

| **NAME:** | Employee #: |
|---|---|

| **SALARY** | |
|---|---|
| **Proposal (Effective) Date:(dd/mmm/yy)** | **New /Change Value:** |
| **Approved:** *X*     **Reason:** | |
| **Retro Required? ___No ___Yes: Begin Date: (dd/mmm/yy)** | **Retro End Date: (dd/mmm/yy)** |

| Input by: | Date: |
|---|---|

## LABOR DISTRIBUTION

**Schedule Hierarchy**
**___Assignment   ___Element**

**Schedule Line Changes**

| Project | Task | Award | Organization | Expenditure Type | LD Start Date | LD End Date | % |
|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**\*NOTE: The PTAEO for hourly employees must be submitted on the Hourly Employee Time Report.**

## OTHER CHANGES AND EXPLANATIONS

| |
|---|

| Input by: | Date: |
|---|---|

## APPROVALS

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

Project Director/Co-Project Director:

_____
(Signature)                                                 (Date)

Funds are in the account for this assignment.

Operations Manager:

_____
(Signature)                                                 (Date)

Additional Campus Signatures as Required

_____
(Signature)                                                 (Date)

_____
(Signature)                                                 (Date)