

EMPLOYEE CHANGE FORM

					HUMAN RES	SOURCES INFO	ORMATION	4				
Effective	ctive Date: Last Name:				First Name:			Middle Initia	l: Er	mployee #:		
12/1	12/16/23 Sadeghi					Elham			14	17879		
		C	ONLY ENTER I	NFORM	ATION IN THE	FIELDS BELOW \	WHEN INFOR	RMATION IS CH	ANGING			
For less	than 100% FTE: t				actual % of effort.							
NOT reflect the annualized salary, which is the salary amount an employee earns when the FTE% is 100%.								_				
A change in FTE% represents an increase or a decrease in the actual hours worked.							☐ Supervisor/Timesheet Approver					
	50% If :	the new FT	E is less than 10	0% and	for a non-student	an Employee Work						
FTE 50% If the new FTE is less than 100% and for a non-student, an <u>Employee Work Schedule</u> must accompany this form.								SUNY Student Graduation Date: MonthDay Year				
Salary/Period End Date: Month 8 Day 31 Year 2024								☐ Work Authorization Date: Month Day Year				
☐ Annual \$ (B/W) Prior Salary \$							Work Additionization Date. Month Day Feat					
(D/W) 1 Not Salary \$\psi												
☐ Hourly Rate \$ ☐ Other												
					NOTE	S / EXPLANAT	IONS					
Extending through end of grant 8/31/24												
LABOR DISTRIBUTION												
+/-	Project	Task	Award		Organization	Expen	diture Type	Start Date	End Date	FTE on Account	% of Salary	
										Account	Salary	
	1161831	1	88334	Comp	outer Science			12/16/23	8/31/24	50	100	
This appo	intment is consiste	nt with spons	 sored program term	s and	Additional Campus	 s Signatures as Require	ed					
This appointment is consistent with sponsored program terms and conditions and with Research Foundation policies Additional Campus Signatures as							HUMAN RESOURCES USE ONLY					
Project Director/ 12/20/2023									Student credits			
Project Director/ 12/29/2023								Exempt SS/Medicare: Yes No				
DirectorSignature Date					Human Resources Signature Date			PeopleSoft Employee: Yes No				
Signature Date					Human Resources	s Signature	Date Initial reviewTime/Attend					
								Non-ResidentBenefit packet				
								Currently on thru Form logged				
Operations Manager								Attached CSD notes on reverse				
	Signatu	re Date										
nput by Date		Reviewed by		Date	LD Input by	Date	LD	Reviewed by	Date			