

**This form MUST be completed at time of hire and subsequently submitted to the Sub-Board I Accounting Office.**

<input type="checkbox"/> Appointment Authorization	Organization <input type="text"/>
<input type="radio"/> Regular <input type="radio"/> Volunteer <input type="radio"/> Work Study	Department <input type="text"/>
<input type="checkbox"/> Change in Appointment* (Give details under remarks below)	Job Title <input type="text"/>
<input type="checkbox"/> Termination of Appointment* (Give details under remarks below)	Budgetary Account No. <input type="text"/>

**Personal Information**

<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Married <input type="radio"/> Single
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Name: Last <input type="text"/> First <input type="text"/> Middle <input type="text"/> Date of Birth <input type="text"/>	Start/Change Date (First Day Worked) <input type="text"/> Termination Date (Last Day Worked) <input type="text"/>
Email Address <input type="text"/>	UB Person Number <input type="text"/>

Local Address <input type="text"/> <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Local Phone <input type="text"/> Cell Phone <input type="text"/>	Permanent Address <input type="text"/> <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Phone <input type="text"/> Country <input type="text"/>
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**Citizenship:**

- ☐ United States
- ☐ Other: (Specify)   
(Expiration Date)

**University Status:**

- ☐ Undergraduate (6 Hours or more)
- ☐ Undergraduate (Under 6 Hours)
- ☐ Graduate (4 Hours or more)
- ☐ Graduate (Under 4 Hours)
- ☐ Non-Student

**Term:**

- ☐ Full Year
- ☐ Academic Year
- ☐ Other\* (Give details under remarks below)

**Cycle:**

- ☐ Bi-Weekly
- ☐ Monthly

**Payment Status:**

- ☐ Salaried Annual Salary Amount \$
- ☐ Hourly Hourly Rate \$
- ☐ Stipend Weekly Rate \$
- ☐ Bonus\* Amount \$
- ☐ Other\*

**\*Note** any changes to be made to the appointment or remarks.

**Payment Options:**

- ☐ Direct Deposit (Direct deposit form must be on file at SBI)
- ☐ Paycheck

**Distribution Options:**

- ☐ Pick-up (SBI Accounting Office, 341 Student Union)
- ☐ Mail to local address
- ☐ Mail to permanent address

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Name	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Title	Title

**SBI Accounting Office Use Only:**

Date Received <input type="text"/>	Employee No. <input type="text"/>	<b>Tax Information</b>	I-9 Completed <input type="text"/>	NYS Notice <input type="text"/>	<b>Tax Information</b>	Fall <input type="text"/> Hrs. <input type="text"/>	\$1. <input type="text"/> Hrs. <input type="text"/>
Date Processed <input type="text"/>	Bi-Weekly Amt. <input type="text"/>	W-4 Completed <input type="text"/>	IT 2104 Completed <input type="text"/>	Spring <input type="text"/> Hrs. <input type="text"/>	\$2. <input type="text"/> Hrs. <input type="text"/>		
Processed by <input type="text"/>	Hourly Rate <input type="text"/>	No. of Exemptions <input type="text"/>	No. of Exemptions <input type="text"/>	Non-student <input type="text"/>	\$3. <input type="text"/> Hrs. <input type="text"/>		



student owned

University at Buffalo  
341 Student Union  
Buffalo, NY 14260

Tel: (716) 645-2954  
Fax: (716) 645-2674  
Web: sbi.buffalo.edu

☐ **Granting of Access**      ☐ **Termination of Access**

Last Name	<input type="text"/>	Organization	<input type="text"/>
First Name	<input type="text"/>	Department	<input type="text"/>
Middle Name	<input type="text"/>	Job Title	<input type="text"/>
Email Address	<input type="text"/>	Budgetary Account No.	<input type="text"/>
UB Person Number	<input type="text"/>	Phone Number	<input type="text"/>

**Computer System Access:**

		<b>Granted by (Initials)</b>	<b>Date Granted</b>	<b>End Date</b>
UB IT login	<input type="radio"/> Required <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
KVS Server login	<input type="radio"/> Required <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
SBI network drive access	<input type="radio"/> Required <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
iEmployee	<input type="radio"/> Required <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lagniappe	<input type="radio"/> Required <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ticket office application	<input type="radio"/> Required <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
KVS Enterprise	<input type="radio"/> Required <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
KVS Standard	<input type="radio"/> Required <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCH Database	<input type="radio"/> Required <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
System Folder(s)	<input type="radio"/> Required <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>

**UB Card Access:**      ☐ Required ☐ N/A

Card Access Start Date       Card Access End Date

Access Levels:   
(Choose from the list Below or write in specific rooms)

<b>Access Levels:</b>	<b>Student Union Room No.</b>	<b>Access Levels:</b>	<b>Student Union Room No.</b>
SBI Ticket Office	221	Marketing	321 321A, 321B, 321R
SBI Medical Insurance	315L, 315A, 315C, 315D, 315R	Information Systems	321, 321A, 321B, 321C, 321R
SBI Legal Assistance	315L, 315A, 315E, 315R	WRUB	321, 321D, 321E, 321R
SBI Attorney	315L, 315A, 315B 315E, 315R	WRUB DJ	321, 321D, 321R
SBI Corporate Services	221, 315L, 315A, 315B, 315C, 315D, 315E, 315R, 321A 321B, 321C, 321D, 321E, 321R, 340F, 340R, 341L, 341A, 341B, 341C, 341D, 341E, 341F, 341G, 341R, 381	SBI Student Assistants	341L, 341G

<b>Key Access:</b>	<input type="radio"/> Required <input type="radio"/> N/A	<b>Safe Combination Access</b>	<input type="radio"/> Required <input type="radio"/> N/A	<b>Alarm Code Access</b>	<input type="radio"/> Required <input type="radio"/> N/A
Building	<input type="text"/>	Building	<input type="text"/>	Building	<input type="text"/>
Department	<input type="text"/>	Department	<input type="text"/>	Department	<input type="text"/>
Room Number(s)	<input type="text"/>	Room Number(s)	<input type="text"/>	Room Number(s)	<input type="text"/>

**Access Approval:**

Name	<input type="text"/>	Title	<input type="text"/>
	(Print Name)		
Signature	<input type="text"/>	Date	<input type="text"/>

**\*Note:** A copy of the Appointee's University at Buffalo identification card must be submitted along with the Authorization form.

HEALTH & SAFETY SERVICES | STUDENT MEDICAL INSURANCE | OFF-CAMPUS HOUSING  
PHARMACY | LEGAL ASSISTANCE | TICKET OFFICE | WRUB | **CORPORATE SERVICES**