

University at Buffalo 341 Student Union Buffalo, NY 14260 Tel: (716) 645-2954 Fax: (716) 645-2674 Web: sbi.buffalo.edu

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

AppointmentAuthorization		Orga	Organization					
O Regular		Dama	Department  Job Title					
O Volunteer O Work Study		рера						
		Ioh T						
Change in Appointment* (	Give details under remarks below)	305 1	itic					
		Budgetary Account No		: No.				
Termination of Appointmen	nt* (Give details under remarks below)	0	,					
Personal Information			Start/Change Date (First Day Worked)		Termination Date (Last Day Worked)			
○ Male ○ Female ○	Married O Single							
Name: Last First			Middle Date of Birth					
Email Address			UB Person Number					
Local Address			Permanent Address					
City	State 2	Zip	City		State_	Zip		
Local Phone	Cell Phone		Phone					
Local Filone	Cell Filone		Filone		Country			
Citizenship:	University Status:	Term:		Cycle:	Payment Status:			
O United States	O Undergraduate (6 Hours or n	_		O Bi-Weekly	_	l Salary Amount \$		
O Other:	O Undergraduate (Under 6 Hou	· _		O Monthly		r Rate \$		
(Specify)	Graduate (4 Hours or more)	· _	er*(Give details und	•	- '	y Rate \$		
(Expiration Date)		O otii	er (Give details und	der remarks belo		y Rate \$		
	, , ,					ıı ş		
	O Non-Student				O Other*			
*Note any changes to be made to the appointment or remarks.				Payment Options:				
				0	O Direct Deposit (Direct deposit form must be on file at SBI)			
				0	O Paycheck			
			Distribution Options:					
				_				
				0		e, 341 Student Union	1)	
				0	Mail to local address			
				O	Mail to permanent address			
Name	Name				Name		-	
Signature Signature					Signature			
Title	Title				Title			
CDI Association Office Head 2								
		Tax Information I-9 Completed			Tax Information			
Date Processed		W-4 Completed		104 Completed_	FallHrs SprHrs		Hrs. Hrs.	
Processed by	·	No. of Exemptions			Non-student	S3.	Hrs.	