



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.

☐ Appointment Authorization

☐ Regular
☐ Volunteer
☐ Work Study

Organization

Department

Job Title

Budgetary Account No.

☐ Change in Appointment* (Give details under remarks below)

☐ Termination of Appointment* (Give details under remarks below)

Personal Information

☐ Male ☐ Female

☐ Married ☐ Single

Name: LastFirstMiddleDate of Birth

Email AddressUB Person Number

Local Address

CityStateZip

Local PhoneCell Phone

Permanent Address

CityStateZip

PhoneCountry

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

Name

Signature

Title

Name

Signature

Title

Name

Signature

Title

SBI Accounting Office Use Only:

Date Received

Date Processed

Processed by

Employee No.

Bi-Weekly Amt.

Hourly Rate

Tax Information

I-9 Completed

W-4 Completed

No. of Exemptions

Tax Information

NYS Notice

IT 2104 Completed

No. of Exemptions

Fall Hrs.

Spr. Hrs.

Non-student

\$1. Hrs.

\$2. Hrs.

\$3. Hrs.

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



student owned

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☐ **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:

		Granted by (Initials)	Date Granted	End Date
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"/>
UB IT login	<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)

Access Levels:

Student Union Room No.

SBI Ticket Office	221
SBI Medical Insurance	315L, 315A, 315C, 315D, 315R
SBI Legal Assistance	315L, 315A, 315E, 315R
SBI Attorney	315L, 315A, 315B 315E, 315R
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

Access Levels:

Student Union Room No.

Marketing	321 321A, 321B, 321R
Information Systems	321, 321A, 321B, 321C, 321R
WRUB	321, 321D, 321E, 321R
WRUB DJ	321, 321D, 321R
SBI Student Assistants	341L, 341G

Key Access:

☐ Required ☐ N/A

Safe Combination Access

☐ Required ☐ N/A

Alarm Code Access

☐ Required ☐ 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.

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