

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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Start/Change Date (First Day Worked)	Termination Date (Last Day Worked)
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Name: Last _____ First _____ Middle _____ Date of Birth _____
Email Address _____ UB Person Number _____

Local Address _____ _____ City _____ State _____ Zip _____ Local Phone _____ Cell Phone _____	Permanent Address _____ _____ City _____ State _____ Zip _____ Phone _____ Country _____
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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

Name _____	Name _____	Name _____
Signature _____	Signature _____	Signature _____
Title _____	Title _____	Title _____

SBI Accounting Office Use Only:

Date Received _____	Employee No. _____	Tax Information	I-9 Completed _____	NYS Notice _____	Tax Information	Fall _____ Hrs.	\$1. _____ Hrs.
Date Processed _____	Bi-Weekly Amt. _____	W-4 Completed _____	IT 2104 Completed _____	_____ Spr. _____ Hrs.	\$2. _____ Hrs.		
Processed by _____	Hourly Rate _____	No. of Exemptions _____	No. of Exemptions _____	Non-student _____	\$3. _____ Hrs.		



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:

		Granted by (Initials)	Date Granted	End Date
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)

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.

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