***This Form Not for Initial Appointment***

***Action:***

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Action: | Re-Appointment/Additional Assignment | Change | Early Termination |
| Action Effective Date: |  | | |

***Student:***

|  |  |
| --- | --- |
| Name: |  |
| C# or SSN, if non Cortland Student: |  |
| Home Address: |  |
|  |  |

***Re-Appointments (to be completed for re-appointment or extensions of current appointments)***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type: | Re-appointment | | | Additional Assignment | | | | | Extension of existing appt. | | |
| Position Title: |  | | | | | | | | | | |
| Department: |  | | | | | | Account # : | | |  | |
| Actual First Day of Work: |  | | Direct Supervisor/ Timesheet Approver: | | | |  | | | | |
| Period of Appointment:  \* end dates pre-set by payroll | Fall Only\* | Spring Only\* | | | | Full AY\*  (Incl winter session) | | Other - end date: | | | |
| Pay Rate: |  | | | | Expected Hours Per Week: | | | | | |  |
| Comments/Notes: |  | | | | | | | | | | |

***Changes/Termination:***

|  |  |
| --- | --- |
| Specific Action being taken:  (e.g. *pay change, termination, other)* |  |
| Reason/Justification: |  |
| Effective Date/Last Day Worked: |  |

***Student Employee Certification (required for re-appointments, extensions, and changes):***

I accept the position/change indicated above as a student assistant employee with SUNY Cortland. I understand that this action is subject to final approval by SUNY Cortland and is terminable at will. I also agree to abide by all policies and regulations of SUNY Cortland and those specifically relevant to my position. **The State University of New York College at Cortland is an AA/EEO/ADA employer. The College actively seeks applications from women, veterans, individuals with a disability, members of underrepresented groups or anyone that would enrich the diversity of the College.**

Employee Signature Date:

***Final Approval – Represents action is consistent with all Student Assistant Employment Policies and Procedures***

Authorized Signature Date:

**Send/Fax/Email this completed form to the Payroll Office, 330 Miller Bldg./ x5688/** [**payroll@cortland.edu**](mailto:payroll@cortland.edu)