

Student Assistant (SA) Assignment/Action Form



This Form Not for Initial Appointment

Action:

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

Changes/Termination:

Specific Action being taken: <small>(e.g. pay change, termination, other)</small>	
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

P/R Use Only:

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