Student Assistant (SA) Assignment/Action Form

SUNY Cortland

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/Location:		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 at Cortland is an AA/EEO/ADA employer. The university actively seeks applications from women, veterans, individuals with a disability, members of underrepresented groups or anyone that would enrich the diversity of the university.**

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, 301 Miller Bldg./ x5688/ payroll@cortland.edu

P/R Use Only:

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