



Line Assigned by Payroll: _____

Date Processed by Payroll: _____

Student Assistant Appointment Authorization

Appointment Information:

Employee Name (first, middle initial, last): _____

Home Street Address: _____ Apartment: _____

City, State, Zip Code: _____

Home Telephone: _____

Email: _____

Banner Number: _____ Year of Study (e.g., junior): _____

Appointment Effective Date: _____ Appointment End Date: _____

Hours/Week: _____ Number of Weeks: _____

Hourly Rate: _____ Total Funds Requested: _____

Amount per Stipend: _____ Total Number of Payments: _____

Dates of Stipends: _____

Please see the Payroll Calendar for Student Assistants: <https://hr.buffalostate.edu/payroll>

Office/Department: _____

Supervisor's Name: _____ (To Approve Timesheets)

Timesheets are due to be approved on Fridays, two days after the biweekly pay period ends. See the Student Assistant Payroll Calendar for important due dates <https://hr.buffalostate.edu/payroll>

Account Number/Temporary Service Object Code: _____ / 2699

Approvals:

Department Head/Chair Date

Dean/Director/AVP Date

Please forward the completed form to the Payroll Office, CLEV 408, prior to appointment effective date.
payroll@buffalostate.edu