**BUFFALO STATE**

**CURRENT EMPLOYEE CHANGE FORM**

|  |  |  |
| --- | --- | --- |
| Last Name, First Name, Middle Initial | | |
| Department | | Supervisor\*\* |
|  | **CURRENT**  **(complete all fields for current employee)** | **NEW**  **(only complete fields that are changing)** |
| Budget Title |  |  |
| Local Title |  |  |
| Rank or Grade |  |  |
| Line Number |  |  |
| % of Time / FTE |  |  |
| Total Credit Hours or  Credit Hour Equivalent\*\*\* |  |  |
| Salary |  |  |
| Pay Mode |  |  |
| Professional Obligation\* |  |  |
| Number of Courses |  |  |
| Account Title |  |  |
| Account Number |  |  |
| Payroll Expense Type | Personal Service (PS)  Temporary Service (TS) | Personal Service (PS)  Temporary Service (TS)  If TS, expected total compensation = $ |
| Source of Funds | Campus  SUNY  RF/Foundation | Campus  SUNY  RF/Foundation |

|  |  |  |  |
| --- | --- | --- | --- |
| Effective Date: |  | Expiration Date: |  |

|  |  |
| --- | --- |
| **RECOMMENDATION:** Check the appropriate box ***and*** select a reason from the drop-down menu. | |
| **APPOINTMENT:** |  |
| **LEAVE:** |  |
| **SEPARATION:** |  |
| **COMPENSATION:** |  |
| **GRADUATE FACULTY STATUS:** |  |
| **REASON / EXPLANATION:** |  |
| \* If **College Year** obligation is selected, specify obligation dates.  \*\*If supervisor is changing, include separate supervisor change form.  \*\*\*Required field for part-time faculty. This number determines eligibility for health insurance. Your signature certifies the number is accurate. Resources to complete this form is available at http://hr.buffalostate.edu/hrm-procedures-manual or call HRM at ext. 4822. | |

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| 1. Supervisor/Department Head/Chair | Date | 4. Human Resource Management | Date |
| 2. Dean/Director/AVP | Date | 5. President | Date |
| 3. Provost / Vice President / CIO | Date |  |  |
| **Distribution:** Provost/VP, Supervisor/Dept Head/Chair, Dean/Director/AVP, EDI, HRM, Benefits, Payroll Rev 5/2025 | | | |