



SUNY IFR/COST SHARING APPOINTMENT/CHANGE FORM

Activity Type: <i>New IFR Appointment</i> _____ <i>Adjust an Existing IFR</i> _____ <i>IFR Termination</i> _____						
PEOPLE DATA						
Last Name:		First Name:		Middle Initial		
Title: _____ Dr. _____ Miss _____ Mr. _____ Mrs. _____ Ms. _____				M _____ F _____		
Assignment #:		Social Security #:		XXX-XX-_____		
If this is an adjustment to an existing IFR, please indicate change type:						
<i>Salary Change</i>		<i>Effort Change</i>		<i>Time Period Change</i>		
Briefly explain reason for change:						
Entry Values - SUNY Earnings Element						
Annual SUNY Salary (including any guaranteed "Also Receives" and location pay):						
Retro Required? Yes _____ No _____		Begin Retro Date: _____		End Retro Date: _____		
NIH Salary Cap (if applicable): _____						
Total Salary to be Reimbursed (without fringe benefits): _____						
SUNY Chart of Accounts (COA)						
SUNY COA:						
SCHEDULE LINES						
Project	Task	Award	Organization	Start Date	End Date	% Effort (Sal Reimb.)
Signatures <u>ONLY</u> Required to Adjust an Existing IFR:						
Principal Investigator: _____				Date: _____		
Department Chair: _____				Date: _____		
Deans Office: _____				Date: _____		
Comments (for Accounting use only):						
Input by: _____				Date: _____		

