

FINANCIAL MEMORANDUM

Memorandum No.		Page
174	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	I of 6
	SUBJECT: TIME AND EFFORT REPORTING POLICIES AND PROCEDURES	Date Issued/Amended 9/13/84, 7/4/97, 7/1/06, 10/19/15 Replaces

I. Purpose

The purpose of this memo is to set forth the policies and procedures applicable to time and effort reporting for federally sponsored research grants and contracts.

II. Introduction

Salaries charged to sponsored projects must be supported by documentation of a corresponding appropriate level of effort.

Recent changes to Federal regulations contained in 2CFR Chapter I, Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards: Final Rule aka. Uniform Guidance (UG) (Federal Cost Principles for Educational Institutions) governing charges to grants and contracts, which became effective for all awards made on or after December 26, 2014, revises the criteria for the establishment of activity reporting systems that capture compensation for personal services. Beginning in 1983 the Icahn School of Medicine at Mount Sinai began using the Plan-Confirmation Payroll Distribution System for salaries and wages of faculty and professional staff, applicable to sponsored agreements, based on budgeted, planned or assigned work activities, updated to reflect any changes in work distribution. The system referred to above accounts for 100 percent of the activity for which the employee is compensated in fulfilling his/her obligations to the School. The Plan-Confirmation Payroll Distribution System complies with the standards for documentation for personnel expenses as described in the UG.

III. Procedures

A. Time and Effort Report

For faculty and professional employees who allocate salary/effort to grants, Sponsored Projects Accounting records on the annual Statement of Verification-Time & Effort Report: the relevant period "from"/"to", the accounts/grants charged, the base salary allocation, and the percent effort distribution reflecting budgeted, planned or assigned work activities and subsequent changes, based on the salary authorizations processed. (See Exhibit A.)

The annual Time & Effort Report is verified on a calendar year basis by the employee and his /her supervisor with first-hand knowledge, verifying that the employee's recorded salary distribution reflects a reasonable estimate of actual effort performed.

If the employee's salary distribution does not reflect a reasonable estimate of actual effort performed, the employee and/or supervisor requests a corrective salary authorization transaction so that adjustments in salary distribution are made.

B. Indirect Cost Activity Report

At the end of the base year (when multiple-year predetermined Facilities and Administrative cost rates are negotiated), an Indirect Cost Activity Report is completed for every employee of Instructional departments (not limited by the 3.6% Administrative cap) who totally, or partially, perform an indirect activity. This report accounts for 100 percent of the activity for which the employee is compensated, and provides a breakdown of the residual category for those employees who are also assigned to work on sponsored projects. (See Exhibit B.)

The Plan-Confirmation records and Facilities and Administrative Cost Activity Report are included in the scope of the annual UG (formerly known as OMB A-133) audit of federal grants and contracts conducted by external auditors.

C. Definitions

The following definitions explain the terms used herein, and the intent of the types of activities contained in the Plan-Confirmation records and the Facilities and Administrative Cost Activity Report:

1. Faculty – includes only those employees who have academic ranks as appointed by the Icahn School of Medicine at Mount Sinai.
2. Professional Employee – includes social worker, nurse, technician, therapist, dietician, psychologist, chemist, pharmacist, programmer/analyst, administrative assistant, etc. These classifications generally require a college degree.

3. Organized Research:
 - a. *Sponsored Research* -Any research project which is separately budgeted and accounted for.
 - b. *Sponsored Research - Voluntary Committed Cost Sharing* -Employee's sponsored research effort which is contributed by the institution and not charged to the budget of sponsored research.
 - c. *Sponsored Training* - Any extramurally-funded training program, which is separately budgeted and accounted for.
 - d. *All other Sponsored Projects* - All other projects and programs not included in items a. and c. above that are separately budgeted and accounted for.
4. Instruction - All medical student *teaching* and *departmental research* supported by the School operating budget and departmental funds. Not Sponsored Training.
5. Clinical Activity -Employee effort devoted to patient care.
6. Clinical Trials -Employee effort devoted to non-federally supported clinical trials.
7. Other Activities (Residual Category) - For the purposes of the Statement of Verification-Time & Effort Report and Facilities and Administration Cost Activity Report, this category includes: Departmental Administration, Bid and Proposal, General Administration, (instructional administration and sponsored projects administration) which are defined in the sub-paragraphs below.
 - a. *Departmental Administration* -That portion of the departmental salary expenses for administrative and supporting services which benefit common or joint departmental activities. (The Facilities and Administration Cost Activity Report requires a notation of specific administrative assignments (names of committees, etc.) and/or types of general supporting services for faculty and employees below the Chairman level.)
 - b. *Bid and Proposal* - Time and/or effort spent on preparation of new applications and/or contract proposals on potential Government and non-Government sponsored agreements or projects, including the development of data necessary to support the School's bids or proposals. Proposal costs of the current accounting period, of both successful and unsuccessful bids and proposals, are treated as indirect costs and allocated through the General Administration category of expense.

- c. *General Administration* -The faculty or employee totally assigned to the general executive and administrative offices of the School, such as Office of the Dean, Finance, Purchasing, IT, etc., for work of a general nature which does not relate solely to (1) organized research, (2) instruction, (3) clinical trial, or (4) clinical activities, is not required to submit a Facilities and Administrative Cost Activity Report. However, if a faculty member or employee is *partially* assigned to general administration and *partially* assigned to organized research, 100% effort must be reported through a Time & Effort Report and the Facilities and Administrative Cost Activity Report.

D. Description of the Icahn School of Medicine at Mount Sinai Payroll Distribution System

Icahn School of Medicine at Mount Sinai uses the Plan-Confirmation Payroll Distribution System for salaries and wages of employees applicable to organized research, based on budgeted, planned or assigned work activity, updated to reflect any changes in work distribution. Each month the principal investigator/designee receives general ledger transaction reports indicating the personnel and salary amounts charged to each sponsored project. Department demonstration receives an online, "FTE Report" that lists, all department employees, by Job Class, and their corresponding salary sources. Managers also have access to an online employee file, which includes current funding sources and effort distribution.

When a Faculty or employee is hired, or assigned by a transfer to a different activity, the following salary authorization forms are used:

1. The PSM 100 (Exhibit C) is used for Faculty:
 - Appointments, Re-appointments and Title Changes
 - Salary and Hours Changes
 - Terminations
 - Department Transfers
2. The Online HRTS transactions (Exhibit D) is used for:
 - Faculty and employee Salary Source (i.e., effort distribution) changes
 - Faculty and employee Leaves of Absence
 - Faculty and employee Bonuses
 - Employee Salary Changes and Hours Changes
 - Employee Job/Title changes, except where a pay-frequency change is involved (i.e., change from weekly/hourly to bi-weekly/salary)
 - Employee Terminations

3. The E-mail Human Resources Action Form –P-111- (Exhibit E) is used for:

- Employee Department Transfers
- Employee Job/Title changes, where a pay-frequency change is involved.

4. The E-mail Human Resources Requisition Form -P-112 -(Exhibit F) is used for:

- Employee "New Hires"

All salary authorizations, initiated by Department Administration, are approved by Finance. In addition, HR approves salary changes and bonuses. The salary authorizations are processed by either the online system, HR or payroll.

The Medical Center runs a Payroll:

- *Weekly*, for non-exempt hourly employees
- *Bi-weekly*, for exempt salaried employees
- *Monthly*, for executive staff.

After each payroll run, pay transactions are posted to individual accounts/funding sources based on the salary authorizations processed. Any processing errors are resolved prior to posting the payroll. All payrolls are posted prior to the monthly financial accounting close.

Weekly employees have electronic time cards which they swipe when they report to and leave work. The payroll system accumulates this data and summarizes the activity, by day, for the Department Administrator/designee. The Department Administrator/designee enters absences, by type (i.e., vacation, sick time, etc.) and approves the electronic time cards before payroll processing. Bi-weekly and monthly employees do not swipe, and their absences are recorded by department administration regularly.

At the end of each calendar year, the Plan-Confirmation Annual Statement of Verification (Time & Effort Report) is sent to employees and supervisors (with first-hand knowledge of the employee's work activity) for verification that previously planned activities, performed during the calendar year, are reasonable as they relate to direct charges to organized research, instruction, clinical, indirect and other activities.

If the Annual Statement of Verification or the Monthly Ledger Charges do not reflect a reasonable estimate of the actual effort performed, it is necessary for the Department to process a salary authorization so that adjustments in salary distribution may be affected.

At the end of each calendar year (base year when multiple year predetermined Facilities and Administrative Cost rates are negotiated), the Facilities and Administrative Activity Report is completed for each applicable employee of instructional departments totally, or partially, performing indirect functions, based on a review with the respective departmental chairperson.

The Sponsored Projects Accounting Department is responsible for controlling and issuing the Plan-Confirmation Statements of Verification (Time & Effort), and Facilities and Administrative Cost Activity reports. Upon receipt of the completed reports, a comparison will be made with original distribution of activities as indicated in the salary authorizations.

The payroll documentation system for non-faculty/professional employees complies with the standards for documentation and other specific requirements in support of personnel expense charges to Federal awards as described in the UG.

MEMORANDUM

TO:

FROM: Raj Appavu
Assistant Director of Finance

DATE:

SUBJECT: Instructions for completing the Annual Plan-Confirmation Statement *of*
Verification – Time & Effort Report

Incompliance with 2CFR Chapter I, Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards: Final Rule a.k.a. Uniform Guidance (UG) (Federal Cost Principles for Educational Institutions), the Icahn School of Medicine at Mount Sinai uses the Plan- Confirmation Payroll Distribution System for salaries and wages of employees charged to sponsored programs, based on budgeted, planned or assigned work activities, updated to reflect any significant changes in work distribution.

Based on the requirements, an annual Statement of Verification – Time & Effort Report must be completed on a calendar year basis. It is School policy that the statement be verified by the employee and supervisor with first-hand knowledge of the employees activities.

Enclosed are the applicable Plan-Confirmation Statements of Verification. You will note that the Sponsored Projects Accounting department has provided the employee name, life number department and title, and the corresponding effort and salary distribution reflecting budgeted, planned or assigned work activities based on the salary authorizations processed. Please review the Statement of Verification -Time & Effort Report and certify that the salary allocations, as indicated, are reasonable in relation to the work performed by the employee named thereon.

Exhibit A
Instructions

If the allocation of employee's salary distribution does not reflect a reasonable estimate of actual effort performed, it is necessary that Department Administration process a corrective action so that adjustments in salary distribution may be affected. A revised Statement of Verification-Time & Effort Report will be prepared.

PLEASE RETURN THE STATEMENTS IN A TIMELY FASHION DIRECTLY TO ME, IN CARE OF: Sponsored Projects Accounting Department, Box 3500. For your reference, the following definitions explain the terms contained in the Plan-Confirmation Statement of Verification – Time & Effort Reports:

1. Faculty – includes only those employees who have academic ranks as appointed by the Icahn School of Medicine at Mount Sinai.
2. Professional Employee - includes social worker, nurse, technician, therapist, dietician, psychologist, chemist, pharmacist, programmer/analyst, administrative assistant, etc. These classifications generally require a college degree.
3. Organized Research:
 - a. *Sponsored Research* - Any research project which is separately budgeted and accounted for.
 - b. *Sponsored Research – Voluntary Committed Cost Sharing* – Employee's sponsored research effort which is contributed by the institution and not charged to the budget of sponsored research.
 - c. *Sponsored Training* - Any extramurally-funded training program which is separately budgeted and accounted for.
 - d. *All other Sponsored Projects* – All other projects and programs not included in items a. and c. above that are separately budgeted and accounted for.
4. Instruction – All medical student *teaching* and *departmental research* supported by the School operating budget and departmental funds. Not Sponsored Training.
5. Clinical Activity - Employee effort devoted to patient care.
6. Clinical Trials - Employee effort devoted to non-federally supported clinical trials.

Exhibit A
Instructions

7. Other Activities (Residual Category) -For the purposes of the Statement of Verification-Time & Effort Report and Facilities and Administration Cost Activity Report, this category includes: Departmental Administration, Bid and Proposal, General Administration, (instructional administration and sponsored projects administration) which are defined in the sub-paragraphs below.
 - a. *Departmental Administration* – That portion of the departmental salary expenses for administrative and supporting services which benefit common or joint departmental activities. (The Facilities and Administration Cost Activity Report requires a notation of specific administrative assignments (names of committees, etc.) and/or types of general supporting services for faculty and employees below the Chairman level.)
 - b. *Bid and Proposal* – Time and/or effort spent on preparation of new applications and/or contract proposals on potential Government and non-Government sponsored agreements or projects, including the development of data necessary to support the School's bids or proposals. Proposal costs of the current accounting period, of both successful and unsuccessful bids and proposals, are treated as indirect costs and allocated through the General Administration category of expense.
 - c. *General Administration* -The faculty or employee totally assigned to the general executive and administrative offices of the School, such as Office of the Dean, Finance, Purchasing, IT, etc., for work of a general nature which does not relate solely to (!) organized research, (2) instruction, (3) clinical trial, or (4) clinical activities, is not required to submit a Facilities and Administrative Cost Activity Report. However, if a faculty member or employee is *partially* assigned to general administration and *partially* assigned to organized research, 100% effort must be reported through a Time & Effort Report and the Facilities and Administrative Cost Activity Report.

RUN TUESDAY 05/30/06 AT 10:30:36
REPORT: CHR50J O
COMPANY: S: 10000

MOUNT IN A I SCHOOL OF MEDICINE
TIME & EFFORT REPORT
CALENDAR YEAR 2005
DEPT 822-COMMUNITY MEDICINE

PAGE

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Exhibit A
Sample Report

EMPLOYEE NAME
EMPLOYMENT DATE: 09/14/1992
TERMINATION DATE:

LIFE NO: - - - JOB CATEGORY: PROFESSIONAL

RANK: ASST CLIN PROF

PERIOD		ACCOUNT	BASE SALARY ALLOCATION	t OF EFFORT	ALLOCATION OF EFFORT					CORRECTION OF EFFORT ACCOUNT # t
FROM	TO				RESEARCH	INSTRUCTION	CLINICAL TRIALS	CLINICAL ACTIVITIES	OTHER ACTIVITIES	
01/01	06/30	0244-2740	17,143	0.451	0.000	0.000	0.000	0.000	.451	
01/01	06/30	0253-5993	1,695	0.045		0.045	0.000	0.000	0.000	
07/01	09/30	0244-2740	8,710	.229	0.000	0.000	0.000	0.000		
07/01	09/30	0253-5994	1111	0.023	0.000	0.023	0.000	0.000	.000	
10/01	12/31	0253-5994	1111	0.023	0.000	0.023	0.000	0.000	0.000	
10/01	12/31	0244-2740	2,052	0.075		0.000	0.000	.000	0.075	
10/01	12/31	0250-3251	5,557	0.111		.000	0.000	0.000	0.000	
TOTAL FOR			37,979	0.00	0.154	0.091	0.000	0.000	0.755	

VERIFICATION:

THIS IS TO CERTIFY THAT THE PERCENTAGE OF EFFORT CHARGED TO RESEARCH, INSTRUCTION, CLINICAL TRIALS, CLINICAL ACTIVITIES AND OTHER ACTIVITIES AS INDICATED ABOVE IS REASONABLE IN RELATION TO WORK PERFORMED BY THE EMPLOYEE,

EMPLOYEE CONFIRMATION

(PRINT NAME)

(SIGNATURE)

(DATE)

SUPERVISOR WITH FIRST HAND KNOWLEDGE OF
EMPLOYEE'S ACTIVITIES,

(PRINT NAME)

(SIGNATURE)

(DATE)

MEMORANDUM

TO:

FROM: Raj Appavu
Director of Finance

DATE:

SUBJECT: Instructions for Completing the Facilities and Administration Cost Activity
Report

The Icahn School of Medicine at Mount Sinai is preparing the Facilities and Administration Cost Proposal that provides the basis for determining the overall reimbursement rate applied to federally-sponsored grants and contracts. The cost of Departmental Administration, a component of the Facilities and Administration cost rate, is determined using the allocated Indirect Cost Activity Report.

Enclosed is the Facilities and Administration Cost Activity Report Form for you to complete. The employee name, title, department, chairperson, salary and payroll distribution (as indicated in the salary authorizations processed for the reporting period) have been provided by Sponsored Projects Accounting. To meet the federal requirement, please review the salary allocations for reasonableness in relation to the actual effort of the employee, indicate in percentage any changes in the right hand column, and return the forms to me in care of Sponsored Projects Accounting Department, Box 3500.

For your reference, the following define some of the terms contained in the Facilities and Administration Cost Activity Report:

Exhibit B
Instructions

1. Faculty – includes only those employees who have academic ranks as appointed by the Mount Sinai School of Medicine.
2. Professional Employee -includes social worker, nurse, technician, therapist, dietician, psychologist, chemist, pharmacist, programmer/analyst, administrative assistant, etc. These classifications generally require a college degree.
3. Organized Research:
 - a. *Sponsored Research* – Any research project which is separately budgeted and accounted for.
 - b. *Sponsored Research – Voluntary Committed Cost Sharing* – Employee's sponsored research effort which is contributed by the institution and not charged to the budget of sponsored research.
 - c. *Sponsored Training* -Any extramurally-funded training program which is separately budgeted and accounted for.
 - d. *All other Sponsored Projects* -All other projects and programs not included in items a. and c. above that are separately budgeted and accounted for.
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7. Other Activities (Residual Category) -For the purposes of the Facilities and Administration Cost Activity Report, this category includes: Departmental Administration, Bid and Proposal, General Administration, (instructional administration and sponsored projects administration) which are defined in the sub-paragraphs below.
 - a. *Departmental Administration* -That portion of the departmental salary expenses for administrative and supporting services which benefit common or joint departmental activities. (The Facilities and Administration Cost Activity

Exhibit B
Instructions

Report requires a notation of specific administrative assignments (names of committees, etc.) and/or types of general supporting services for faculty and employees below the Chairman level.)

- b. *Bid and Proposal* -Time and/or effort spent on preparation of new applications and/or contract proposals on potential Government and non-Government sponsored agreements or projects, including the development of data necessary to support the School's bids or proposals. Proposal costs of the current accounting period, of both successful and unsuccessful bids and proposals, are treated as indirect costs and allocated through the General Administration category of expense.
- c. *General Administration* - The faculty or employee totally assigned to the general executive and administrative offices of the School, such as Office of the Dean, Finance, Purchasing, IT, etc., for work of a general nature which does not relate solely to (1) organized research, (2) instruction, (3) clinical trial, or (4) clinical activities, is not required to submit a Facilities and Administrative Cost Activity Report. However, if a faculty member or employee is *partially* assigned to general administration and *partially* assigned to organized research, 100% effort must be reported through a Time & Effort Report and the Facilities and Administrative Cost Activity Report.

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
FACILITIES AND ADMINISTRATIVE COST ACTIVITY REPORT
FOR THE CALENDAR YEAR _____

NAME _____ DEPARTMENT _____
TITLE _____ CHAIRPERSON _____

TOTAL AMOUNT OF SALARIES OR WAGES RECEIVED FOR CALENDAR YEAR
\$ _____

	% of Salary Charge per Salary Authorization	Distribution of Time & Effort - Based on Review with Chairperson ____% Amount
--	--	--

COMPENSATED ACTIVITIES

Sponsored Research

Sponsored Research

Voluntary Committed Cost Sharing

Sponsored Training

All Other Sponsored Projects

Instruction

Clinical Trials

Clinical Activity

Other Activities (Residual Category)

a. Departmental Administration

(If applicable, list the committees
or types of service in the REMARKS
section below)

b. Bid or Proposal

c. General Administration

i Instructional Administration

ii. Sponsored Projects Administration

100% 100% \$ _____

REMARKS _____

VERIFICATION

This is to certify that the salary distribution, as indicated above, is reasonable in relation to work performed.

Employee
Confirmation

Supervisor with First - Hand Knowledge of
Employee's Activities

(Print Name)

(Print Name)

(Signature)

(Signature)

(Date)

(Date)

PROFESSIONAL PERSONNEL ACTION FORM

NOTE: An individual will not be put on payroll or be recognized as an employee unless the information below is recorded and his (her) employment confirmed with personnel directly after he (she) has started work.

Exhibit C

TYPE OF ACTION: <input type="checkbox"/> NEW APPOINTMENT <input type="checkbox"/> TITLE CHANGE <input type="checkbox"/> REAPPOINTMENT <input type="checkbox"/> SALARY CHANGE <input type="checkbox"/> TERMINATION <input type="checkbox"/> SALARY SOURCE CHANGE <input type="checkbox"/> LEAVE OF ABSENCE	Last Name		First Name		M.I.	Originating Dept.
	Title			Life Number		Primary Dept.
	Mt. Sinai Extension		Mt. Sinai Location		SVC Plan	
	Date Prepared		Prepared By		Effective Date	
	Authorized By Board Minutes Dated:			Salary Authorized To (Date):		

FOR CURRENT STATUS ONLY						FOR NEW STATUS OR APPOINTMENT							
FROM	Title		Position Number				TO	Title		Position Number			
	Salary Per Annum		Auth. Paid Hrs. Per Week					Salary Per Annum		Auth. Paid Hrs. Per Week			
S A L A R Y S O U R C E	BUDGET/FUND ACCOUNT NO.	ANNUAL DOLLAR	%	GRANT EXPIR DATE	Payroll Use Only		S A L A R Y S O U R C E	BUDGET/FUND ACCOUNT NO.	ANNUAL DOLLAR	%	GRANT EXPIR DATE	Payroll Use Only	
		\$ -							\$ -				
		\$ -							\$ -				
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		\$ -							\$ -				
		\$ -							\$ -				
		\$ -							\$ -				
TOTALS		\$ -	0.0%				TOTALS		\$ -	0.0%			

FOR PERSONNEL USE ONLY			FOR NEW APPOINTMENT ONLY		
OTHER TITLES	HOURS	POSITION NUMBERS	EVER ON MSMC PAYROLL BEFORE <input type="checkbox"/> IF YES, GIVE PREVIOUS TITLE		
			US CITIZEN	ALIEN STATUS	EXCHANGE VISITOR
				Perm Resident	Prgm Title
				Other:	Prgm No.

REMARKS / SPECIAL INSTRUCTIONS (e.g. ENTITLEMENTS, REASON FOR TERMINATION, TYPE OF LOA, etc.)

APPROVALS - SIGNATURES (WHERE APPLICABLE) TO BE OBTAINED IN THE ORDER SHOWN BELOW			
Principal Investigator	Date	Office of the Dean/Associate Director	Date
1.		4.	
Chairman/Chief of Staff	Date	Dean/Director	Date
2.		5.	
Fund Accountant	Date	Personnel Department	Date
3.		6.	

Mount Sinai Medical Center Personnel Action

Effective Date 07/01/2015	Status <u>PENDING FINANCE APPROVAL</u>	Name	Life No.	Tracking Number	Date of Request 12/03/2015
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Indicate
Action To
Be Taken:

- ☐ Transfer
☐ Change Job
☐ Change Salary

- ☒ Change Salary Source
☐ Change Hours
☐ LOA

- ☐ Bonus
☐ Terminate
☐ Move to New Position

Change	Position	Department	Job Class	Hours	Fund Source(s)	Salary
FROM	(History)					
TO						

Remarks or Special Instructions

Approvals



Pending Signatures



Comment(s)

Add

 Showing 1 to 1 of 1
 Pages: 1

Showing 1 to 1 of 1 | Pages: 1

Note: The following fund numbers are both current and new funding sources (02586021,02856950)

Note: This transaction is retroactive to more than 90 days. Please verify the employee's effort and salary sources for the period and attach a cost transfer form before proceeding.





**Mount
Sinai**

**THE MOUNT SINAI MEDICAL CENTER
HUMAN RESOURCES ACTION FORM**

Exhibit E

Effective Date	Last Name	First Name	Life Number	Date Hired	Date Typed 12/4/2015
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INDICATE
ACTION TO
BE TAKEN

- ☐ TRANSFER
☐ RECLASSIFICATION
☐ CHANGE IN HOURS
☐ LOA
☐ RETURN OF LOA

- ☐ REGULAR MERIT INCREASE
☐ SPECIAL MERIT INCREASE
☐ PROMOTIONAL INCREASE
☐ BARGAINING UNIT INCREASE
☐ TERMINATION

☐ OTHER CHANGE IN
STATUS - EXPLAIN:

LAST DAY WORKED: _____
(On premises)

SEVERANCE BEGINS: _____ ENDS: _____

LEAVE OF ABSENCE FROM: _____

TO: _____

DAYS VACATION/PTO DUE: _____

DAYS IN LIEU OF NOTICE: _____

CHANGE	HOURS	SHIFT	FUND SOURCE #	PCT	GRADE	SALARY
FROM: _____	_____	_____	_____	_____	_____	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY _____

DEPARTMENT NUMBER: _____

DEPARTMENT NAME: _____

JOB CLASS NUMBER: _____

JOB TITLE: _____

CHANGE	HOURS	SHIFT	FUND SOURCE #	PCT	GRADE	SALARY
TO: _____	_____	_____	_____	_____	_____	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY _____

DEPARTMENT NUMBER: _____

DEPARTMENT NAME: _____

JOB CLASS NUMBER: _____

JOB TITLE: _____

REASON FOR TERMINATION	TERMINATION RECORD			
	EXCEL	GOOD	FAIR	POOR
	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TEMP. EMPLOYMENT <input type="checkbox"/> OTHER _____	RATING <input type="checkbox"/> EFFICIENCY <input type="checkbox"/> ATTITUDE <input type="checkbox"/> ATTENDANCE <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REHIRE <input type="checkbox"/> DO NOT REHIRE <input type="checkbox"/>				

APPROVALS

DEPT. HEAD/SPVR/PRINC. INVESTIGATOR: _____

TIN # _____ DATE: _____

ASST. DIRECTOR/FUND ACCT: _____

TIN # _____ DATE: _____

INTERNATIONAL PERSONNEL: _____

TIN # _____ DATE: _____

HUMAN RESOURCES: _____

TIN # _____ DATE: _____

LABOR RELATIONS: _____

TIN # _____ DATE: _____

Exhibit F

THE MOUNT SINAI MEDICAL CENTER

HUMAN RESOURCES REQUISITION – P112

<p>JOB CLASSIFICATION _____ GRADE _____</p> <p>INSTITUTIONAL JOB TITLE _____</p> <p>DEPARTMENT NAME _____ DEPARTMENT NUMBER _____</p> <p>HIRING MANAGER _____ PHONE/BEEPER _____</p> <p>DEPT. HEAD/ADMINISTRATOR _____ VICE PRESIDENT/CHAIRMAN _____</p> <p><i>Please attach Job Description with this form.</i></p>	<p><input type="checkbox"/> NEWLY AUTHORIZED</p> <p><input type="checkbox"/> RECLASSIFICATION</p> <p><input type="checkbox"/> REPLACEMENT FOR: EMPLOYEE FULL NAME & LIFE NUMBER _____</p> <p>REASON: <input type="checkbox"/> TERMINATION <input type="checkbox"/> TRANSFER</p> <p>LAST DAY WORKED: _____</p>
<p>EXPECTED DATE TO START: _____ HOURS PER WEEK: _____</p> <p>EMPLOYMENT STATUS: _____</p> <p>DAYS OF WORK: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun</p> <p>SHIFT HOURS: _____</p> <p><i>(If "Other" in "Shift Hours" please specify here: _____)</i></p>	<p>Temporaries covering 1199 bargaining unit positions can be used only by strict adherence to collective bargaining unit agreement. All terms and conditions of the Local 1199 contract must cover a temporary on the sixty-first day of the assignment.</p>
<p>FUNDING SOURCES: _____ PERCENTAGES _____</p> <p style="text-align: center;">(Must Total 100%)</p> <p>_____ <u>0.00%</u></p> <p>_____ <u>0.00%</u></p> <p>_____ <u>0.00%</u></p> <p>_____ <u>0.00%</u></p>	<p>REASON:</p> <p><input type="checkbox"/> INCREASE VOLUME <input type="checkbox"/> VACATION</p> <p><input type="checkbox"/> LOA <input type="checkbox"/> VACANCY</p> <p>TYPE OF TEMPORARY HELP:</p> <p><input type="checkbox"/> INHOUSE TEMP <input type="checkbox"/> TEMP AGENCY</p> <p><input type="checkbox"/> TEMPORARY REGULAR POSITION</p> <p>APPROVED FROM: _____ TO: _____</p>
<p>NOTE: GRANT AND FPA FUNDS MUST BE APPROVED BY FUND ACCOUNTING</p> <p>FUND ACCOUNTING: _____</p> <p style="text-align: center;"><i>(Signature / TIN)</i></p> <p>TIN: _____ DATE: _____</p>	
<p><u>ADMINISTRATION APPROVAL</u></p>	
<p>DEPARTMENT HEAD: _____</p> <p>VICE PRESIDENT: _____</p> <p>EXEC. VP/DEAN'S OFFICE: _____</p>	<p>TIN: _____ DATE: _____</p> <p>TIN: _____ DATE: _____</p> <p>TIN: _____ DATE: _____</p>