

**NEW YORK STATE ETHICS COMMISSION**  
**39 COLUMBIA STREET, 4TH FLOOR**  
**ALBANY, NEW YORK 12207**  
**ACADEMIC EMPLOYEE UPDATE FORM**

Effective Date of Transaction: \_\_\_\_\_

	New Academic Employees (or New to Academic Financial Disclosure Program/Requirements)
	Employee Leaving State or Agency Service
	Date off Payroll: _____ Transfer to: _____
	Change in Employee Status/Information (including internal transfers) -- indicate type of change here – provide specific information below
	title                      address                      salary                      filer type                      Other _____

Employee Name			
Home Address (Street & Number)	City	State	Zip Code

**FILER TYPE**

	<b>AF</b> – Academic Filer – non-policymaker in academic title earning annual compensation at a rate equal to or in excess of \$62,346 (job rate of Civil Service SG-24) (FILES ACADEMIC DISCLOSURE FORMS)
	<b>PM</b> – <b>Policy Maker</b> – engaged in policymaking duties as determined by the appointing authority (FILES “LONG” FINANCIAL DISCLOSURE FORM)
	<b>TO</b> – <b>Threshold &amp; Over</b> – non-academic, non-policymaker earning annual compensation at a rate equal to or in excess of \$62,346 (FILES “LONG” FINANCIAL DISCLOSURE FORM)
	<b>PT</b> – <b>Part-time</b> – non-policymaker working less than full-time earning salary less than \$62,346 (NOT REQUIRED TO FILE EITHER ACADEMIC OR “LONG” FINANCIAL DISCLOSURE FORM)
	<b>Other</b> –

Title Code: \_\_\_\_\_

Title Narrative: \_\_\_\_\_

Annual Base Salary: \$ \_\_\_\_\_

**Agency Information:**

**Appointing Authority:**

(if different than agency)

Code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_