

EMPLOYEE ASSIGNMENT FORM

Employee ID# _____

Assignment# _____

Hire Date: _____ End Date: _____ <small>(dd/mmm/yy)</small>	Rehire? ___ Y ___ N	Prev. Vested in Retirement? ___ Y ___ N If no, Prior Service Credit? ___ Yes ___ No ___ N/A	If Yes to Service Credit, indicate: ___ SUNY ___ Other College/University ___ Research Organization
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PEOPLE DATA

Last Name: _____		First Name: _____		Middle Name: _____	
Title: ___ Dr. ___ Miss ___ Mr. ___ Mrs. ___ Ms.			Gender: ___ M ___ F		Type: <i>Internal</i>
Social Security #: _____			Birth Date: (dd/mmm/yy) _____		
Nationality: ___ US Citizen ___ Non-Citizen in US on VISA ___ Non-Citizen Not in US ___ Perm. Resident					
Ethnic Origin (select all that apply) : American Indian or Alaskan Native ____, Asian ____, Black or African American ____, Hispanic or Latino ____, Native Hawaiian or Other Pacific ____, White ____					
I-9 Status: ___ Yes ___ No ___ Pending		Visa Type: _____		I-9 Expiration Date: _____	
Vets 100 Status: _____		Vets 100A Status: _____		New Hire: <i>Include in New Hire Report</i>	
Mail Stop (Check Delivery Drop): _____			Correspondence Language: _____		
E-Verify Status: _____		Date Authorized: _____		Case Verification #: _____	

SPECIAL INFO

Education Level: _____	Degree Expected: _____	Date Degree Expected: (dd/mmm/yy) _____
Other Special Info: ___ Y ___ N Specify: _____		

ADDRESS

US Address (Primary Address in United States):		
City: _____	State: _____	Zip Code: _____
County: _____	Country: _____	
Type: _____ Primary: <u>Y</u> (this should be checked on the US address)		
Telephone: () _____		
E-Mail Address: _____		
Address 2: ___ US ___ Foreign		
City: _____	State: _____	Zip Code: _____
County: _____	Country: _____	
Type: _____ Primary: N Telephone: () _____		

ASSIGNMENT

Organization: _____		Op. Location: _____		Group: _____	
Effort Reporting Status: N/A = Not Applicable					
Job: _____			Grade: _____		Payroll: <i>Biweekly</i>
Location: _____		Status: ___ Active Assignment ___ SUNY Extra Service			
Assignment Category: ___ Exempt Regular ___ Hourly ___ Nonexempt Regular					
Supervisor: _____		Employee Category: ___ Adm ___ SP ___ Agy			
Work Week Basis: ___ 37 ½ hours ___ 40 hours			Hourly-Benefits Eligible? ___ Y ___ N		
Salary Basis: _____		FTE: _____		Work Region: _____	

SALARY

Proposal (Effective) Date: (dd/mmm/yy) _____			New /Change Value: _____		
Approved: <u>X</u>		Reason: _____			
Retro Required? ___ No ___ Yes: Begin Date: (dd/mmm/yy) _____			Retro End Date: (dd/mmm/yy) _____		

Input by: _____	Date: _____
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Assignment# _____

NAME:	Employee #:	SSN:
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LABOR DISTRIBUTION

<u>Schedule Hierarchy</u>					___ Assignment	___ Element	
Schedule Line Changes							
Project	Task	Award	Organization	Expenditure Type	LD Start Date	LD End Date	%

Input by: _____	Date: _____
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DECLARATION AND AUTHORIZATION

I accept the position offered as an employee of The Research Foundation of State University of New York. I understand this position is subject to final approval by the Research Foundation and is terminable at will. I also agree to abide by all policies and regulations of the Research Foundation.

Intellectual Property Waiver and Release Agreement

I have read State University of New York's [Patents and Inventions Policy](#) ("Policy"). I agree to abide by the Policy and by any additional terms and conditions imposed by any sponsor from which I accept support through RFSUNY, including but not limited to the Patent and Trademark Amendments Act (i.e. Bayh-Dole Act) and its implementing regulations found in 37 CFR 401. I will promptly disclose to RFSUNY or its designee any Intellectual Property subject to the Policy or sponsor requirements, and will cooperate with RFSUNY, the sponsor, and the State University of New York, and execute any such documents as may be necessary to protect the subject Intellectual Property. I understand that the prompt disclosure of Intellectual Property developed within the scope of my employment is required to enable its protection prior to U.S. or foreign statutory bars and to establish the government's rights, where applicable. I hereby assign to RFSUNY all rights in Intellectual Property subject to the Policy, and will execute any documents required to effectuate such assignment to or as directed by RFSUNY.

AS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, THE RESEARCH FOUNDATION FOR SUNY WILL NOT DISCRIMINATE IN ITS EMPLOYMENT PRACTICES DUE TO AN APPLICANT'S RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN, AND VETERAN OR DISABILITY STATUS.

Employee Signature: _____ Date: _____

APPROVALS

This assignment is consistent with sponsored program terms and conditions and with Research Foundation policies.

Project Director/Co-Project Director:

(Signature) (Date)

Funds are in the account for this assignment.

Operations Manager:

(Signature) (Date)

Additional Campus Signatures as Required:

(Signature) (Date)

(Signature) (Date)