



EMPLOYEE ASSIGNMENT FORM

Hire Date: (dd/mmm/yy)	Rehire? ___Y ___N	Prior Retirement Service Credit ___Yes ___No	If Yes: ___ Prior SUNY ___ Concurrent SUNY ___ Prior NonSUNY (College/Univ. or Research Org.)
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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					
Mail To: ___ Home ___ Office		Ethnic Origin: American Indian or Alaska Native(Not Hispanic or Latino) ____, Asian (Not Hispanic or Latino) ____, Black or African American (Not Hispanic or Latino) ____, Hispanic or Latino ____, Native Hawaiian/Other Pacific Islander(Not Hispanic or Latino) ____, Two or More Races(Not Hispanic or Latino) ____, White(Not Hispanic or Latino) ____,			
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: ___ E = Exempt ___ N = Non-Exempt ___ 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: _____					
Work Week Basis: ___ 37 1/2 hours ___ 40 hours					
Timecard Required: ___ Y ___ N		Salary Basis:		FTE:	

SALARY

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



EMPLOYEE ASSIGNMENT FORM

Input by: _____	Date: _____
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NAME: _____	Employee #: _____	SSN: _____
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LABOR DISTRIBUTION (Complete for salaried employees only)

<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 indicated above 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.

Patent Waiver and Release Agreement

I have read the [Patent and Inventions Policy](#) and the [Computer Software Policy](#) of The Research Foundation of State University of New York. I agree to abide by any additional terms and conditions relating to the above policies as required by any sponsor from whom I accept support through The Research Foundation of State University of New York.

In fulfillment of the above, I will promptly report to the Research Foundation or its designee such patentable inventions, discoveries, and computer software and software support materials as may arise out of work supported by the sponsor and will cooperate with the sponsor, the State University of New York, or the Research Foundation in the preparation and prosecution of any patent or copyright applications relating to such inventions, discoveries, and computer software and software support materials, and will execute all documents necessary to such applications. I further agree to assign all patent rights and copyrights applicable to such inventions, discoveries, computer software and software support materials to the sponsoring agency, to the State University of New York, to the State University of New York's designee, or to the Research Foundation in those instances where the applicable sponsor policy or the State University of New York's Patents and Inventions Policy or Computer Software Policy places ownership of such in either the sponsor, the State University of New York, or the Research Foundation.

THE RESEARCH FOUNDATION IS AN EQUAL OPPORTUNITY EMPLOYER, PERSONNEL ARE CHOSEN ON THE BASIS OF ABILITY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, HANDICAP OR NATIONAL ORIGIN, IN ACCORDANCE WITH FEDERAL AND STATE LAWS.

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)