SUNY RF
EMPLOYEE ASSIGNMENT FORM

Hire Date: (dd/mmm/yy)	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

PEOPLE DATA

Last Name:	**First Name:**	**Middle Name:**

Title: __Dr. __Miss ___Mr. ___Mrs. ___Ms. **Gender:** ___M __F **Type:** *Internal*

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:** *Include in New Hire Report*
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:** __Y__ (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:** *Biweekly*

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:**

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)

Input by:	Date:

SUNY RF

EMPLOYEE ASSIGNMENT FORM

NAME:	Employee #:	SSN:

LABOR DISTRIBUTION

Schedule Hierarchy   ___Assignment   ___Element

Schedule Line Changes

Project	Task	Award	Organization	Expenditure Type	LD Start Date	LD End Date	%

Input by: Date:

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. 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.

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. Further, I hereby 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)