





## EMPLOYEE ASSIGNMENT FORM

<b>NAME:</b>	<b>Employee #:</b>	<b>SSN:</b>
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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)

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2018</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages)				<b>5</b>	
<b>6</b> Additional amount, if any, you want withheld from each paycheck				<b>6</b> \$	
<b>7</b> I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here				<b>7</b>	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
<b>8</b> Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		<b>9</b> First date of employment		<b>10</b> Employer identification number (EIN)	



Department of Taxation and Finance

**Employee's Withholding Allowance Certificate**

New York State • New York City • Yonkers

**IT-2104**

First name and middle initial		Last name		Your social security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/>
<b>Note:</b> If married but legally separated, mark an <b>X</b> in the <i>Single or Head of household</i> box.					
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Complete the worksheet on page 3 before making any entries.</b>					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 18) .....				1	
2 Total number of allowances for New York City (from line 29) .....				2	
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>					
3 New York State amount .....				3	
4 New York City amount .....				4	
5 Yonkers amount .....				5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep a copy for your records.****Employer: Keep this certificate with your records.**Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):A Employee claimed more than 14 exemption allowances for NYS ..... A ☐B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see instr.): Are dependent health insurance benefits available for this employee? ..... Yes ☐ No ☐If Yes, enter the date the employee qualifies (mm-dd-yyyy): 

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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**Instructions****Changes effective for 2018**

Form IT-2104 has been revised for tax year 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2018 Form IT-2104 and give it to your employer.

**Who should file this form**

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

## Employment Application

**Welcome** to The Research Foundation for The State University of New York, a private nonprofit educational corporation. We appreciate your interest in our organization. Please provide all the information requested on this application unless otherwise instructed. Thank you.

**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, creed, religion, sex (including pregnancy, childbirth or related medical conditions), sexual orientation, gender identity or expression, transgender status, age, national origin, marital status, citizenship, physical and mental disability, criminal record, genetic information, predisposition or carrier status, status with respect to receiving public assistance, domestic violence victim status, a disabled, special, recently separated, active duty wartime, campaign badge, Armed Forces service medal veteran, or any other characteristics protected under applicable law.

**Please return completed application to:**

Position applied for: \_\_\_\_\_ Department/office: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial) Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Email address: \_\_\_\_\_

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Are you under 18? ☐ Yes ☐ No

Proof of identity and authorization to work in the United States are required prior to employment.

Have you ever been employed by The Research Foundation for The State University of New York? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Do you have a family member(s), relative(s), significant other, or member of your household working for the Research Foundation for SUNY? ☐ Yes ☐ No. If yes, please provide his/her name(s) and department(s) in which he/she works: \_\_\_\_\_

Have you ever, or are you currently involved in any form of disciplinary/investigative process before any state licensing body or any accrediting body? ☐ Yes ☐ No If yes, please provide dates and details of circumstances: \_\_\_\_\_

Are you currently debarred, suspended or otherwise ineligible to work on any federally funded or state funded program? ☐ Yes ☐ No

Applicants are **not** required to disclose information pertaining to sealed conviction records, youthful offender adjudications, or criminal charges that have been resolved in favor of the applicant (e.g., dismissal). **Applicants for employment in the Cities of Buffalo, NY, Rochester, NY, and New York City must not complete the questions related to criminal history below. Applicants for employment in Buffalo and Rochester will be required to complete a disclosure document of criminal history after the completion of an initial interview, and applicants for employment in New York City will be required to complete a disclosure document of criminal history only after a conditional offer of employment has been extended.**

Have you ever been convicted of, or pled guilty to, a crime (felony or misdemeanor) other than a minor traffic violation?

☐ Yes ☐ No If yes, please give specifics: \_\_\_\_\_

Do you have any criminal charges pending against you? ☐ Yes ☐ No If yes, please give specifics: \_\_\_\_\_

A prior criminal conviction or pending criminal charges is not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position for which you are applying.

**My resume/curriculum vitae with employment history ☐ Is ☐ Is not attached.**

If your resume/curriculum vitae is not attached, you must provide your education and employment history, beginning with your present or last employer, on the reverse side of this application or on additional sheets. The name, address, and telephone number of three references must be provided.

I hereby authorize investigation of all statements contained in this application and attached resume, curriculum vitae, or other data/documentation as provided. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form or during the application, interviewing, or screening process may result in a decision not to hire me or, if I have been hired, to end my employment without notice. I hereby also agree to hold the Research Foundation harmless in divulging the information contained in this application form as well as any information obtained during the application hiring process.

A pre-employment examination by a Research Foundation designated physician may be required if physical condition is a job-related qualification. For some positions, a pre-employment physical examination is required by law.

I also agree, if employed, to abide by all policies and procedures of the Research Foundation.

I understand that if hired by The Research Foundation, my employment is terminable at will, with or without cause, based on the employment needs of The Research Foundation as it may determine in its sole discretion. This RF policy of at-will employment may be revised, deleted, or altered only by a written employment agreement signed by the RF President or President designee.

Applicant's Signature	Date	
<b>Education</b>		
High School: (Name and Location)	Course:	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Trade Schools: (Name and Location)	Course:	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Skills or Training:	Licenses Held:	
College: (Name and Location)		
Degree:	Major:	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School: (Name and Location)	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree:	Major:	

### Employment

List your employment record starting with your present or last employer first. Show all employment and periods of unemployment if more than one month. Include military service. Use additional sheets if necessary. **Applicants for employment in Albany County and New York City must not provide salary history information below.**

#### Employer One

Date From:	Month/Year	Employer's Name	Department, Division, or Section	
To:	Month/Year	Address	Supervisor	Telephone Number
Title:	Starting Salary		Last Salary	
Briefly describe the duties of your position:				
Reason for leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

#### Employer Two

Date From:	Month/Year	Employer's Name	Department, Division, or Section	
To:	Month/Year	Address	Supervisor	Telephone Number
Title:	Starting Salary		Last Salary	
Briefly describe the duties of your position:				
Reason for leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### References

Give name, address, and telephone number of three work-related references.

☐ Attached ☐ Not Attached



CRIMINAL HISTORY DISCLOSURE FORM

Criminal history may be considered as part of the overall screening process of potential applicants. A conviction or pending criminal charges is not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position for which you are applying.

Please respond fully to the questions below. In your responses, please be sure to include Motor Vehicle Traffic misdemeanors, but do not include information regarding: any youthful offender adjudication; any conviction for a sealed violation; or any criminal charges that were resolved in your favor (e.g., dismissal).

1a. Have you ever been convicted of, or pled guilty or no contest to, a crime (felony or misdemeanor)? ☐ Yes ☐ No. If yes, please give specifics about the nature of the crime, location of the jurisdiction, the year of conviction, and any information regarding rehabilitation or other information you wish us to consider.

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Do you have any criminal charges pending against you? ☐ Yes ☐ No If yes, please give specifics:

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I certify that the above disclosures are true and complete. I understand that misrepresentation or omission of relevant facts may result in a decision not to hire me or, if I have been hired, to end my employment without notice.

I hereby authorize investigation of all statements contained in this disclosure and any attached data provided. I hereby also agree to hold the Research Foundation harmless in divulging the information contained in this application form as well as any personnel records developed as a result of application or employment with the Research Foundation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The Research Foundation of SUNY  
Buffalo State College, Buckham B206  
Personnel Employee Information

Name \_\_\_\_\_  
First M.I. Last  
SSN - - Working Title \_\_\_\_\_

Local Address

Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Project Information

Work Address- Specific Office Location of Assignee i.e. Maiden Lane, NYC , Floor #	Directors Name
	Supervisors Name

Floor #	For CDHS Employees Only On or Off BSC Campus (for indirect cost rate)	On Campus <input type="checkbox"/>	Off Campus <input type="checkbox"/>
Phone #	E-Mail Address		
Fax #			

Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Work Phone# \_\_\_\_\_

Please return to: RESEARCH FOUNDATION, Human Resources, Buckham B206

Revised 1/23/18





The Research Foundation of Buffalo State College  
Authority to Release Information

To Whom It May Concern:

I hereby authorize the Research Foundation of Buffalo State College to do a review of and full disclosure of all records concerning myself to the Research Foundation, its agents and representatives, whether the said records are of a public, private or confidential nature.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Research Foundation, its agents and representatives, from any and all liability which may be incurred as a result of collecting such information. Should there be any questions as to the validity of this release, you may contact the Research Foundation Human Resource Office at 716-878-4046.

Please return completed form to [Gruaris1@buffalostate.edu](mailto:Gruaris1@buffalostate.edu) or fax form to 716-878-3046.

I have read and fully understand the contents of this "Authority to Release Information".

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Print Full Name

Date \_\_\_\_\_

Applicant Signature

Social Security Number

Date of Birth

Driver's License No.

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Address

City

State

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Zip Code