



EMPLOYEE ASSIGNMENT FORM

Employee# <i>(For Office Use Only)</i>	<input type="checkbox"/> HOURLY <i>(Paid for hours Worked)</i> OR <input type="checkbox"/> SALARIED <i>(Set Salary for Set Hours)</i>	
Hire Date: <i>(dd/mmm/yy) ie.22/jan/10</i>	Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Retirement Service Credit: <input type="checkbox"/> Yes <input type="checkbox"/> NO If Yes: (College/Univ. or Research Org.) <input type="checkbox"/> Prior SUNY <input type="checkbox"/> Concurrent SUNY <input type="checkbox"/> Prior Non SUNY <small>State University for New York (SUNY), or any accredited college or university in the United States, or a private, nonprofit research organization incorporated in the United States under Section 501(c)(3) of the Internal Revenue Code. The <i>primary</i> function of this organization must be research.</small>

PEOPLE DATA

Last Name:		First Name:		Middle Name:	
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Type: <i>Internal</i>	
Social Security #:			Birth Date: <i>(dd/mmm/yy) (i.e 23/jan/45)</i>		
Nationality: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen in US on VISA <input type="checkbox"/> Non-Citizen Not in US <input type="checkbox"/> Perm. Resident					
Ethnic Origin: (select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific <input type="checkbox"/> White					
I-9 Status: <input type="checkbox"/> Complete		Visa Type:		I-9 Expiration Date:	
E-Verify Status:		Date Authorized:		Case Verification #:	
Vets 100 Status:		Vets 100A Status:		New Hire: <i>Include in New Hire Report</i>	
Mail Stop:		Correspondence Language:			

SPECIAL INFORMATION MUST BE COMPLETED FOR NEW HIRES

Education Level:		Degree Expected:		Date Degree Expected:	
If SUNY Student <input type="checkbox"/> Fulltime (12-Credits or more) <input type="checkbox"/> Part-time (11-Credits or less)			Licensure/Certification:		

ADDRESS

US Address (Primary Address in United States):					
City:		State:		Zip Code:	
County:		Country:		Primary: <u>Y</u> <small>(Must be a US address)</small>	
Telephone: ()		E-Mail Address:			

ASSIGNMENT

Organization: 160			Group: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Regular <input type="checkbox"/> Summer		
Effort Reporting Status: <input type="checkbox"/> E = Exempt <input type="checkbox"/> N = Non-Exempt <input type="checkbox"/> N/A = Not Applicable					
RF Job Title:			Grade: _____		
Location:			FTE (Full Time Equivalent): _____ <small>(Ex. 5 for 20-hours a week based on 40-hour week)</small>		
Assignment Category: <input type="checkbox"/> Exempt Regular <input type="checkbox"/> Hourly <input type="checkbox"/> Nonexempt Regular					
Supervisor:			Status: <input type="checkbox"/> Active Assignment <input type="checkbox"/> SUNY Extra Service		
Work Week Basis: <input type="checkbox"/> 37 ½ hours <input type="checkbox"/> 40 hours			Timecard Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Payroll: <i>Biweekly</i>
Salary Basis: <input type="checkbox"/> Salaried Annual <input type="checkbox"/> Salaried Period <input type="checkbox"/> Hourly 37.5 <input type="checkbox"/> Hourly 40				Hours Per Pay Period: <small><i>(For Hourly Employee)</i></small>	

SALARY

<input type="checkbox"/> Annual Salary Amount: \$		<input type="checkbox"/> Hourly: \$ _____ /Hr.		<input type="checkbox"/> Period Salary Amount: \$ _____ /Bi-weekly	
Total Salary: \$		Approved: X		Reason for Retro:	
Retro Required? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, Pay Period From Date:		Last Day of Pay Period Retro:			
<small><i>(Office Use Only)</i></small> Input by: _____		Date: _____			



EMPLOYEE ASSIGNMENT FORM

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)