



EMPLOYEE ASSIGNMENT FORM

Employee# <small>(For Office Use Only)</small>	<input type="checkbox"/> HOURLY <i>(Paid for hours Worked)</i> OR <input type="checkbox"/> SALARIED <i>(Set Salary for Set Hours)</i>	
Hire Date: <small>(dd/mmm/yy) ie.22/jan/10</small>	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 primary 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: (dd/mmm/yy) (i.e 23/jan/45)		
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> (Must be a US address)	
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): _____ (Ex. 5 for 20-hours a week based on 40-hour week)		
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>(For Hourly Employee)</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>(Office Use Only)</small> Input by: _____		Date: _____			



EMPLOYEE ASSIGNMENT FORM

NAME:	Employee #:	SSN:
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PTAEO FOR SALARY CHARGES - *Verify that ALL information is correct or the appointment cannot be processed.*

Assignment **Element** **Note: The end date of a labor schedule does not signify the end date of employment- use Employee Change Form to terminate employment. Failure to end a change form may cause overpayments! ***Percent in a labor schedule refers to the percent of salary allocated to the Project, Task and Award, not the amount of time an employee is working.**

Schedule Line Changes							
Project	Task	Award	Organization	Expenditure Type	Start Date	*End Date of	%
The number of the current year project <i>(Contact Grants Management Dept. for assistance)</i>	Must be current	Must be current	Ex: 160 Research Services and Administration	SWR-Salary <u>Wages Regular</u> SWU-Salary <u>Wages Undergrad</u> SWG- Salary <u>Wages Graduate</u> SWS-Summer *Exempt OR Non-Exempt*	of the labor schedule, not the appointment	the labor schedule, not the appointment	

Use additional sheets for multiple labor schedules if charging salary to more than two PTAOE's

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 for 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.

As an Equal Opportunity/Affirmative Action Employer, the Research Foundation 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. The RF will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant.

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 or Designee _____
(Signature) (Date)

Additional Campus Signatures as Required: _____
(Signature) (Date)