



The Research
Foundation for
The State University of New York

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 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.		

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: Include in New Hire Report	
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 1/2 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: <i>(For Hourly Employee)</i>

SALARY

<input type="checkbox"/> Annual Salary Amount: \$	<input type="checkbox"/> Hourly: \$ _____ /Hr.	<input type="checkbox"/> Period Salary Amount: \$ _____ /Bi-weekly
Total Salary: \$	Approved: <u>X</u>	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:
<i>(Office Use Only)</i> Input by: _____		Date: _____



EMPLOYEE ASSIGNMENT FORM

NAME:	Employee #:	SSN:
--------------	--------------------	-------------

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

DECLARATION AND AUTHORIZATION

You will receive additional materials concerning fringe benefits and leave credits for which you may be eligible. Fringe benefits are provided by the Research Foundation under rules in effect on the date of appointment and are subject to change as approved by the Research Foundation Board of Directors.

As an employee of The Research Foundation for the State University of New York, a private, nonprofit corporation, independent from the State of New York and The State University of New York, you are subject to all Research Foundation policies. Employment with the Research Foundation may be terminated with or without cause or notice at any time at either your option or that of the Research Foundation.

This appointment is contingent upon proof of identity and employment eligibility. You are required by Federal Law to complete an "Employment Authorization Verification" form (I-9), and show the necessary identification to our Human Resource Office no later than three days after the date of your appointment. Acceptable forms of identification include an unexpired U.S. passport or valid driver's license and either an original social security card or birth certificate. The Human Resource Office can provide you with additional information or forms of identification that can be used to fulfill this requirement. Noncompliance will affect processing your appointment forms and subsequent payroll action.

Intellectual Property Assignment

I have read The State University of New York's Patents, Inventions and Copyright Policy ("SUNY Policy") and RFSUNY's Intellectual Property Policy ("RF Policy"). I agree to abide by the SUNY Policy and the RF 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 (as defined in the SUNY Policy) subject to the SUNY 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 SUNY 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 RFSUNY 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 RFSUNY 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.

I accept the position offered as an employee of The Research Foundation for The State University of New York ("RFSUNY"). I understand this position is subject to final approval by RFSUNY and is terminable at will. I also agree to abide by all policies and regulations of RFSUNY.

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)

Additional Campus Signatures as Required:

 (Signature) (Date) (Signature) (Date)

Funds are in the account for this assignment.

Operations Manager:

 (Signature) (Date)



The Research Foundation for

The State University of New York

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: _____ Telephone Number: _____
(Last) (First) (Middle Initial)

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 Westchester, NY must not complete the questions related to criminal history below. Applicants for employment in Buffalo, Rochester and Westchester will be required to complete a disclosure document of criminal history after the completion of an initial interview.**

Have you ever been convicted of, or pled guilty or no contest 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
Education	
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.

Employer One

Date From:	Month/Year	Employer's Name	Department, Division, or Section	
To:	Month/Year	Address	Supervisor	Telephone Number
Title:				
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:				
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

Disclosure of Criminal History

This disclosure form should be used for applicants in Buffalo, Rochester, New York City and Westchester.

Applicants for employment in Buffalo, Rochester and Westchester are required to complete a disclosure document of criminal history after the completion of an initial interview.

Applicants for employment in New York City are 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 or no contest 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.

Name: _____

Print Name

Signature: _____

Date: _____

**The Research Foundation for SUNY
Buffalo State College, Buckham Hall B206
Emergency Contact Information**

Name _____
 First M.I. Last

Project Information

Work Address (office location) _____

Director's Name _____

Supervisor's Name _____

Phone # _____ Fax # _____

E-Mail Address _____

**Emergency Contact
Information**

Name	_____	Relationship	_____
Address	_____	Phone #	_____
	_____	Work Phone #	_____

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



BUFFALO STATE
The State University of New York



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 me 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 716-878-4047.

Please return completed form to leonelj@buffalostate.edu or fax form to 716-878-3046.

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

Print Full Name

Date

Applicant Signature

Social Security Number

Date of Birth

Driver's License No.

Address

City

State

Zip Code

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		▶ _____ ▶
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------	-----------------------------	--------------------------	--------------------------------------



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial	Last name	Your Social Security number						
Permanent home address (number and street or rural route)		Apartment number						
City, village, or post office		State						
		ZIP code						
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"/>		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.						
Complete the worksheet on page 4 before making any entries. 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) <table border="1"><tr><td>1</td><td></td></tr></table> 2 Total number of allowances for New York City (from line 35) <table border="1"><tr><td>2</td><td></td></tr></table>			1		2			
1								
2								
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer. 3 New York State amount <table border="1"><tr><td>3</td><td></td></tr></table> 4 New York City amount <table border="1"><tr><td>4</td><td></td></tr></table> 5 Yonkers amount <table border="1"><tr><td>5</td><td></td></tr></table>			3		4		5	
3								
4								
5								

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

Employee's signature	Date
----------------------	------

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
--	--------------------------------

Instructions

Changes effective for 2020

Form IT-2104 has been revised for tax year 2020. The worksheet on page 4 and the charts beginning on page 5, 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 2020 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 the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you do not file Form IT-2104, your employer may use the same number of allowances you claimed on your 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.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your

employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. 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.