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	Directors Name	
e.g. 61 Broadway, NYC , Floor #3	Supervisors Name	
Floor #		
Phone #	**For CDHS Employees Only** On or Off BSC Campus **(for indirect cost rate)**	On Campus ☐ / Off Campus ☐
Fax #	E-Mail Address	

Emergency Contact Information

Name _____ Relationship _____

Address _____ Phone # _____

_____ Work Phone# _____

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

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