

## EMPLOYEE ASSIGNMENT FORM

Hire Date: (dd/mmm/yy)	Rehire	e? Pr	eviously Vested in		If Yes to Service Credit, indicate:							
	Y	N	If no, Prior Service	N ce Credit?	—— SUNY Other College/University							
			Yes No	N/A	Research Organization							
PEOPLE DATA												
Last Name: Middle Name:												
	Ar. Mrs		1x. Sex:		Gender: M F X							
Social Security #: Birth Date: (dd/mmm/yy) Type: Internal												
Nationality: US Citizen Non-Citizen in US on VISA Non-Citizen Not in US Perm. Resident												
Ethnic Origin: (select all that apply)American Indian or Alaskan NativeAsianBlack or African AmericanHispanic or LatinoNative Hawaiian or Other PacificWhiteTwo or More Races												
Chosen or Preferred First Name:												
I-9 Status: Yes No I	ending	Visa Type:		I-9 E	Expiration Date:							
Vets 100 Status:	Vets 100A	Status:										
Mail Stop (Check Delivery I		Correspondence Language:										
E-Verify Status:		Date Authori		Case Veri	ification #:							
<u>SPECIAL INFO</u>												
Education Level:		egree Expected	:	Date Degre	e Expected:(dd/mmm/yy)							
Other Special Info:Y	N S	pecify:										
		AD	DRESS									
<b>US Address (Primary Add</b>	ress in Unit	ted States):										
City:	St	tate:	Zip Cod	e:								
County:	C	ountry:										
Type: Primary: Y (this should be checked on the US address)												
Telephone: ( )												
E-Mail Address:												
Address 2: US For	eign			Γ								
City:		State:		Zip Code:								
County:	Country:											
Type:		Primary:	N Telephor	ne: ( )								
		ASSI	GNMENT									
Organization:		Op. Location			Group:							
Effort Reporting Status: N	$/\mathbf{A} = \text{Not Ap}$		signment Cat	tegory:	•							
Job:			Grade:		Payroll: Biweekly							
Location:		Sta	tus: Act	ive Assignmen	tSUNY Extra Service							
Supervisor:		Er	nployee Categ	gory:								
Work Week Basis:37 ½	hours	40 hours   H	Iourly-Benefi	ts Eligible?	_YN							
Salary Basis:	FTE:	Work Regi	on:	Appoint	ment Type:							
SALARY												
Proposal (Effective) Date:(dd/mmm/yy) New /Change Value:												
Approved: X Reason:												
Retro Required?No	Yes: I	Begin Date: (dd/	mmm/yy)	Retro	End Date:(dd/mmm/yy)							
Input by: Date:												

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## EMPLOYEE ASSIGNMENT FORM

NAME: Employee #:								
			LAROR	DISTRIBUTION				
Schedule Hier	archy		Libor	DISTRIBUTION	Assign	Assignment		
Project Task		Award	Schedu Organization	Line Changes  Expenditure Type	LD	LD	%	
Troject	Task	Tivalu	Organization	Ехрепаните Турс	Start Date	End Date	/0	
Input by:			Date:					
input by.		DE		AND AUTHORIZ	ATION			
		DL	CLARATION	AND AUTHORIZ	BAIIION			
				he State University of New York ("I dicies and regulations of RFSUNY.	RFSUNY"). I understan	nd this position is subj	ect to final	
to abide by the SU but not limited to RFSUNY or its desponsor, and the SU disclosure of Intel government's right effectuate such as  As an Equal Opporte pregnancy-related national origin or information, predior local law. The Itheir own pay or thave inquired about the sum of	tate University JNY Policy and the Patent and ' esignee any Inte State University lectual Propert this, where appli signment to or ortunity/Affirm conditions, rep ancestry, marit isposition or ca RFSUNY will i he pay of anoth out, discussed, or	of New York's Pat I the RF Policy, an Trademark Amend ellectual Property (v of New York, and y developed within icable. I hereby ass as directed by RFS ative Action Emploproductive health d al status, familial s rrier status, domest not discharge or in her employee or app	d by any additional terms at ments Act (i.e., Bayh-Dole as defined in the SUNY Pole execute any such document the scope of my employmeign to RFSUNY all rights in UNY.  Doyer, the RFSUNY will not ecisions, childbirth or relate tatus, citizenship, physical attic violence victim status, many other manner discrimin		sor from which I accept one found in 37 CFR 40: sponsor requirements, are subject Intellectual Proprior to U.S. or foreign in prior to U.S. or foreign in prior to U.S. or foreign in the second in th	support through RFSI 1. I will promptly disc and will cooperate wit operty. I understand the most statutory bars and to dexecute any document art's race, color, creed, are expression, transgence tic characteristics/generistics protected under under about, discussed,	UNY, including close to the RFSUNY, the the prompt of establish the ents required to religion, sex, der status, age, the ticker federal, state, or disclosed	
Employee Sign	nature:				Date:			
This assignment	is consistent	with anongored		PPROVALS litions and with Research Foun	dation naliaias			
Project Director			program terms and cond	intons and with Research Foun	dation policies.			
Funds are in the a		(Signature)		(	(Date)			
Operations Mar		ns assignment.						
Additional Com		(Signature)	.d.	(	(Date)			
Additional Can	ipus signau	ures as Require	cu.					
		(Signature)		(	(Date)			
(Signature)				(Date)				

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