



EMPLOYEE ASSIGNMENT FORM

Hire Date: (dd/mmm/yy)	Rehire? ___Y ___N	Prev. Vested in Retirement? ___Y ___N If no, Prior Service Credit? ___Yes ___No ___N/A	If Yes to Service Credit, indicate: ___SUNY ___Other College/University ___Research Organization
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PEOPLE DATA

Last Name:	First Name:	Middle Name:
Title: ___Dr. ___Miss ___Mr. ___Mrs. ___Ms.	Gender: ___M ___F	Type: <i>Internal</i>
Social Security #:	Birth Date: (dd/mmm/yy)	
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 Native ____, Asian ____, Black or African American ____, Hispanic or Latino ____, Native Hawaiian or Other Pacific ____, White ____		
Further Name:		
I-9 Status: ___Yes ___No ___Pending	Visa Type:	I-9 Expiration Date:
Vets 100 Status:	Vets 100A Status:	New Hire: <i>Include in New Hire Report</i>
Mail Stop (Check Delivery Drop):		Correspondence Language:
E-Verify Status:	Date Authorized:	Case Verification #:

SPECIAL INFO

Education Level:	Degree Expected:	Date Degree Expected: (dd/mmm/yy)
Other Special Info: ___Y ___N	Specify:	

ADDRESS

US Address (Primary Address in United States):		
City:	State:	Zip Code:
County:	Country:	
Type:	Primary: <u>Y</u> (this should be checked on the US address)	
Telephone: ()		
E-Mail Address:		
Address 2: ___US ___Foreign		
City:	State:	Zip Code:
County:	Country:	
Type:	Primary: N	Telephone: ()

ASSIGNMENT

Organization:	Op. Location:	Group:
Effort Reporting Status: N/A = Not Applicable		
Job:	Grade:	Payroll: <i>Biweekly</i>
Location:	Status: ___ Active Assignment ___ SUNY Extra Service	
Assignment Category: ___ Exempt Regular ___ Hourly ___ Nonexempt Regular		
Supervisor:	Employee Category: ___ Adm ___ SP ___ Agy	
Work Week Basis: ___ 37 1/2 hours ___ 40 hours Hourly-Benefits Eligible? ___Y ___N		
Salary Basis:	FTE:	Work Region: Appointment Type:

SALARY

Proposal (Effective) Date: (dd/mmm/yy)	New /Change Value:
Approved: X	Reason:
Retro Required? ___ No ___ Yes: Begin Date: (dd/mmm/yy)	Retro End Date: (dd/mmm/yy)



EMPLOYEE ASSIGNMENT FORM

Input by: _____ Date: _____

NAME: _____ **Employee #:** _____ **SSN:** _____

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: _____

DECLARATION AND AUTHORIZATION

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.

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.

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)