SUNY RF

ACADEMIC FELLOWSHIP FORM

Effective Date:	Operating Location:

PEOPLE DATA

Last Name:	First Name:	Middle Name:

Title: ___Dr. ___Miss ___Mr. ___Mrs. ___Ms. ___Mx. **Sex:**___ M ___ F **Gender:** ___M ___F ___X

Social Security #:	Birth Date :(dd/mmm/yy)	Type: *Internal*

Chosen or Preferred First Name:

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 ___, Two or More Races___

I-9 Status: *Not Applicable*	Visa Type:

New Hire: *Exclude from New Hire Report*   *Reason: Not an Employee*

Mail Stop (Check Delivery Drop):

E-Verify Status: *No*	Date Authorized: *N/A*	Case Verification #: *N/A*

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: Y** (this should be checked on the US address)

Telephone: (   )

E-Mail Address: *(Optional)*

Address 2: ___US ___Foreign

City:	State:	Zip Code:
County:	Country:	
Type:	Primary: N	Telephone: ( )

ASSIGNMENT

Organization:	Op. Location:	Group: *Fellow*

Effort Reporting Status: N/A = Not Applicable

Job: Choose an item.	Grade: NA.0	Payroll: *Biweekly*

Location:

Status: *Active Assignment*	Employment Category: *Not an Employee*

Timecard Required: *No*	Salary Basis: *Non-Employee*	FTE: *0.0*

SALARY

Proposal (effective) Date: (dd/mmm/yy)	New/Change Value: *$0.00*	Approved: X

AWARD DATA

Award Amount: $	

Award Begin Date: (dd/mmm/yy)	Award End Date:(dd/mmm/yy)

Retro Required? ___No ___Yes: **Begin Date:** (dd/mmm/yy)   **End Date:**(dd/mmm/yy)

Input by:	Date:

ACADEMIC FELLOWSHIP FORM

NAME:		ID (Employee) #:

ACADEMIC FELLOWSHIP - LABOR DISTRIBUTION

Schedule Hierarchy   ___Assignment   ___Element

Schedule Line Changes

Project	Task	Award	Organization	*Expenditure Type*	LD Start Date	LD End Date	%

Input by:	Date:

DECLARATION (Required for initial award only.)

I acknowledge that no services are required of me in consideration of the stipend provided by this fellowship award. I understand that as a fellowship recipient engaged in study or research on a State University of New York campus I am subject to the Intellectual Property Assignment and the University's academic policies applying to fellowship recipients.

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.

Fellowship Recipient Signature: **Date:**

APPROVALS

This assignment is permissible under the terms stated by the above sponsor.

Project Director/Co-Project Director:

_____
(Signature)   (Date)

Funds are in the account for this assignment.

Operations Manager:

_____
(Signature)   (Date)

Additional campus signature as required

_____
(Signature)   (Date)