**ACADEMIC FELLOWSHIP FORM**

<table>
<thead>
<tr>
<th>Effective Date:</th>
<th>Operating Location:</th>
</tr>
</thead>
</table>

### PEOPLE DATA

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___Dr. ___Miss ___Mr. ___Mrs. ___Ms. ___Mx.</td>
<td>___M ___F</td>
<td>Gender: ___M ___F ___X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Education Level:</th>
<th>Degree Expected:</th>
<th>Date Degree Expected: (dd/mmm/yy)</th>
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</table>

**Other Special Info:** ___Y ___N Specify:

### ADDRESS

US Address (Primary Address in United States):

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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</thead>
<tbody>
<tr>
<td>County:</td>
<td>Country:</td>
<td></td>
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</table>

Type: Primary: ___Y ___N (this should be checked on the US address)

Telephone: ( )

E-Mail Address: (Optional)

Address 2: ___US ___Foreign

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<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<tbody>
<tr>
<td>County:</td>
<td>Country:</td>
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</table>

Type: Primary: ___Y ___N Telephone: ( )

### ASSIGNMENT

|---------------|---------------|--------------|

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

<table>
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<tr>
<th>Award Amount:</th>
<th>Award Begin Date: (dd/mmm/yy)</th>
<th>Award End Date: (dd/mmm/yy)</th>
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Retro Required? ___No ___Yes: Begin Date: (dd/mmm/yy) End Date: (dd/mmm/yy)

Input by: Date:

Revised February 2023
ACADEMIC FELLOWSHIP FORM

NAME: __________________________ ID (Employee) #: __________________________

ACADEMIC FELLOWSHIP - LABOR DISTRIBUTION

Schedule Hierarchy

___Assignment  ___Element

Schedule Line Changes

<table>
<thead>
<tr>
<th>Project</th>
<th>Task</th>
<th>Award</th>
<th>Organization</th>
<th>Expenditure Type</th>
<th>LD Start Date</th>
<th>LD End Date</th>
<th>%</th>
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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)

Revised February 2023