

EMPLOYEE ASSIGNMENT (Appointment) FORM

Last Name:	First Name:	MI:
-------------------	--------------------	------------

Hire Date:	Rehire? ___Y ___N	Prior Retirement Service Credit ___Yes ___No
		If Yes: ___SUNY ___Accredited College/Univ. or Research Org

To be completed by HR Office

PEOPLE DATA		
Title: ___Dr. ___Miss ___Mrs. ___Ms. ___Mr.	Gender: ___M ___F	
Social Security #:	Birth Date:	
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 Islander ___White		
Visa Type:	Work Authorization Expiration Date:	
Vets 100 Status:	Vets 100A Status:	Mail Stop (Check Delivery Drop):
E-Verify Status:	Date Authorized:	Case Verification #:

SPECIAL INFO		
Education Level:	Degree Expected:	Date Degree Expected:
Other Special Info: ___Y ___N	Specify:	

ADDRESS		
US Address:		
City:	State:	Zip Code:
County:	Telephone: ()	
Local (Campus) Address: Bldg:		Room Number:
Local (Campus) Telephone Number:	E-Mail Address:	

ASSIGNMENT		
Organization:	Job:	FTE:
Employment Category: ___Exempt Regular ___Nonexempt Regular ___Hourly		
Part-time Schedule/Hours:	Employee Category: ___Adm ___SP ___Agy	
Supervisor:	Supervisor's Telephone Number:	

SALARY	
Effective Date:	End Date:
Annual Salary:	

For Administrative Use Only	
Retro Required? ___No ___Yes: Begin Date: (dd/mmm/yy)	End Date: (dd/mmm/yy)
JCAHO ___No ___Yes Federal ___ Federal Flow Through ___ Non-Federal ___	

EMPLOYEE ASSIGNMENT (Appointment) FORM

LABOR DISTRIBUTION

Schedule Hierarchy **Employee Name:** **Total Salary:**

___ Assignment ___ Element

Schedule Line Charges

Project	Task	Award	Organization	Expend. Type	Start Date	End Date	% of Salary

DECLARATION AND AUTHORIZATION

I accept the position offered as an employee of The Research Foundation of State University of New York. I understand this position is subject to final approval by the Research Foundation and is terminable at will. I also agree to abide by all policies and regulations of the Research Foundation.

Intellectual Property Waiver and Release Agreement

I have read State University of New York's [Patents and Inventions Policy](#) ("Policy"). I agree to abide by the 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 subject to the 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 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 RESEARCH FOUNDATION FOR SUNY WILL NOT DISCRIMINATE IN ITS EMPLOYMENT PRACTICES DUE TO AN APPLICANT'S RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN, AND VETERAN OR DISABILITY STATUS.

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:

(Chairperson's Signature)

(Date)

(Dean's Signature)

(Date)

Input by:

Date: