



EMPLOYEE ASSIGNMENT FORM

Hire Date: (dd/mmm/yy)	Rehire? <input type="checkbox"/> Y <input type="checkbox"/> N	Previously Vested in Retirement? <input type="checkbox"/> Y <input type="checkbox"/> N If no, Prior Service Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If Yes to Service Credit, indicate: <input type="checkbox"/> SUNY <input type="checkbox"/> Other College/University <input type="checkbox"/> Research Organization
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PEOPLE DATA

Last Name:				First Name:				Middle Name:					
Title:	<input type="checkbox"/> Dr.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mx.	Sex:	<input type="checkbox"/> M	<input type="checkbox"/> F	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> X
Social Security #:							Birth Date: (dd/mmm/yy)			Type: <i>Internal</i>			
Nationality:		<input type="checkbox"/> US Citizen		<input type="checkbox"/> Non-Citizen in US on VISA			<input type="checkbox"/> Non-Citizen Not in US			<input type="checkbox"/> Perm. Resident			
Ethnic Origin: (select all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific <input type="checkbox"/> White <input type="checkbox"/> Two or More Races													
Chosen or Preferred First Name:													
I-9 Status:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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:		<input type="checkbox"/> Y	<input type="checkbox"/> 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:		
Address 2: <input type="checkbox"/> US <input type="checkbox"/> Foreign		
City:	State:	Zip Code:
County:	Country:	
Type:	Primary: N	Telephone: ()

ASSIGNMENT

Organization:		Op. Location:		Group:	
Effort Reporting Status: N/A = Not Applicable			Assignment Category:		
Job:		Grade:		Payroll: <i>Biweekly</i>	
Location:		Status:	<input type="checkbox"/> Active Assignment	<input type="checkbox"/> SUNY Extra Service	
Supervisor:		Employee Category:			
Work Week Basis:		37 ½ hours	<input type="checkbox"/> 40 hours	Hourly-Benefits Eligible? <input type="checkbox"/> Y <input type="checkbox"/> N	
Salary Basis:		FTE:	Work Region:		Appointment Type:

SALARY

Proposal (Effective) Date:(dd/mmm/yy)			New /Change Value:		
Approved: X		Reason:			
Retro Required?		<input type="checkbox"/> No	<input type="checkbox"/> Yes:	Begin Date: (dd/mmm/yy)	
				Retro End Date:(dd/mmm/yy)	

Input by:	Date:
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EMPLOYEE ASSIGNMENT FORM

NAME:**Employee #:**

LABOR DISTRIBUTION

Schedule Hierarchy☐ **Assignment**☐ **Element****Schedule Line Changes**

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

Input by:**Date:**

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, pregnancy-related conditions, reproductive health decisions, childbirth or related medical conditions, sexual orientation, gender identity or expression, transgender status, age, national origin or ancestry, marital status, familial status, citizenship, physical and mental disability, prior arrest or conviction record, genetic characteristics/genetic information, predisposition or carrier status, domestic violence victim status, military status or service, veteran status, or any other characteristics protected under federal, state or local 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. 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)