



EMPLOYEE ASSIGNMENT FORM

| | | | |
|-------------------------------|-----------------------------|---|---|
| Hire Date: (dd/mmm/yy) | Rehire? ___Y ___N | Previously 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 |
|-------------------------------|-----------------------------|---|---|

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: <i>Internal</i> |
| 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 | | |
| Chosen or Preferred First 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 | Assignment Category: | |
| Job: | Grade: | Payroll: <i>Biweekly</i> |
| Location: | Status: ___ Active Assignment ___ SUNY Extra Service | |
| Supervisor: | Employee Category: | |
| Work Week Basis: 37 ½ 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) | |

| | |
|------------------|--------------|
| Input by: | Date: |
|------------------|--------------|



EMPLOYEE ASSIGNMENT FORM

| | |
|--------------|--------------------|
| NAME: | Employee #: |
|--------------|--------------------|

LABOR DISTRIBUTION

| <u>Schedule Hierarchy</u> | | | | | __Assignment | __Element | |
|---------------------------|------|-------|--------------|------------------|------------------|----------------|---|
| Schedule Line Changes | | | | | | | |
| Project | Task | Award | Organization | Expenditure Type | LD Start Date | LD End Date | % |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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|-----------------|-------------|
| 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, 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)