



# Research Voluntary Faculty Appointment Supplement

New Appointment

Reappointment

**SECTION I** In addition to completing the normal HR appointment process, Department Administrators and/or Department Chairs must submit this form when appointing a research voluntary faculty member (i.e. any voluntary faculty where title includes 'research' and/or any voluntary faculty who will be engaged in research of any type). Please complete Sections II and III and submit this form to the office of the Senior Vice President for Research by emailing [svp-research-office@downstate.edu](mailto:svp-research-office@downstate.edu).

**SECTION II** Please complete the section in its entirety. If this is a *reappointment* or a change in status, please make appropriate changes below.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ U.S. Citizen? Yes If ' No  
Country of Citizenship \_\_\_\_\_

Degree: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Are you employed by an Affiliate?  
No  
Yes, please list affiliate: \_\_\_\_\_

**SECTION III**

Department Chair: \_\_\_\_\_ Ext. \_\_\_\_\_ Department: \_\_\_\_\_  
Title: \_\_\_\_\_ Division: \_\_\_\_\_  
Expected Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Onsite Bldg. \_\_\_\_\_ Rm/FI: \_\_\_\_\_  
Offsite Phone #: \_\_\_\_\_

**IF this is a NEW appointment, please complete everything below**

**IF this is a REAPPOINTMENT, sign here if all information remains the same, or make applicable changes below**

Department Chair signature

Description of  
Research  
Activities:  
new or changed:

**Please check all that apply:**  
Study Involves:

Access Level:

- Access to Research Data
- Human Research
- Animal Research
- Biohazard Materials
- Other, please specify:

Will seek read-only EMR access  
No access to patients/health information

**Request Completed By:** Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION IV - FOR INTERNAL USE**

Date of Completion

N/A

SVPRs office:

State HR Appointment

Visual Compliance Screening

Background Check (State HR)

IRB CITI Training

IACUC CITI Training

Export Control, Review of Policies Responsible

Conduct of Research, CITI Training

Intellectual Property Assignment/Attestation

Environmental Health &amp; Safety

Lab Safety Training

Fire/Hazard Training

Office of Compliance and Audit Services

HIPAA Training

False Claims Act

IT Department

Access to read-only EMR

**Approvals:**

IRB

IACUC

Signature of Compliance and Audit Services (OCAS)

Signature of Environmental Health &amp; Safety

Signature of IT

SVPRs Office

Onboarding Research Voluntary Faculty

EXHIBIT A

**Intellectual Property Assignment / Attestation**

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 of any project that I may become involved with during my voluntary appointment. I will promptly disclose to RFSUNY any Intellectual Property (as defined in the SUNY Policy) subject to the SUNY Policy or sponsor requirements. I 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 is required to enable its protection before 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.

Volunteer Faculty Member's Signature:

Adobe Digital Signature

Date:

Other Digital or Wet Ink Signature

Date: