

EMPLOYEE ASSIGNMENT (Appointment) FORM

Last Name:	First Name:	MI:
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Hire Date:	Rehire? ___Y___N	Prior Retirement Service Credit ___Yes___No
		If Yes: ___SUNY___ Accredited College/Univ. or Research Org

Grayed sections to be completed by HR Office

PEOPLE DATA			
Title: ___Dr___Miss___Mrs___Ms___Mr___Mx___	Sex: ___M___F___	Gender: ___M___F___X___	
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___ ___Two or More Races___			
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:
Working remotely 100%: ___Y___N___	NYS PFL eligible: ___Y___N___	
Employment Category: ___Exempt Regular___ ___Nonexempt Regular___ ___Hourly___		
Part-time Schedule/Hours:	Employee Category: ___Adm___ ___SP___ ___Agy___	
Supervisor:	Hourly-Benefits Eligible? ___Y___N___	

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___

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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 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.

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: _____