



EMPLOYEE ASSIGNMENT FORM

Hire Date: (dd/mmm/yy)	Rehire? ___Y ___N	Prior Retirement Service Credit ___Yes ___No	If Yes: ___ Prior SUNY ___ Concurrent SUNY ___ Prior NonSUNY (College/Univ. or Research Org.)
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PEOPLE DATA			
Last Name:	First Name:	Middle Name:	
Title: ___ Dr. ___ Miss ___ Mr. ___ Mrs. ___ Ms.	Gender: ___ M ___ F	Type: <i>Internal</i>	
Social Security #:	Birth Date: (dd/mmm/yy)		
Nationality: ___ US Citizen ___ Non-Citizen in US on VISA ___ Non-Citizen Not in US ___ Perm. Resident			
Mail To: ___ Home ___ Office	Ethnic Origin: American Indian or Alaska Native ___, Asian ___, Black or African American ___, Hispanic or Latino (All other races) ___, Hispanic or Latino (White race only) ___, Native Hawaiian or other Pacific Islander ___, White ___		
I-9 Status: ___ Yes ___ No ___ Pending	Visa Type:	I-9 Expiration Date:	
Veteran Status:	New Hire: <i>Include in New Hire Report</i>		
Mail Stop (Check Delivery Drop): 000			

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: (Optional)			
Address 2: ___ US ___ Foreign			
City:	State:	Zip Code:	
County:	Country:		
Type:	Primary: N	Telephone: ()	

ASSIGNMENT			
Organization:	Op. Location: 180	Group:	
Effort Reporting Status: ___ E = Exempt ___ N = Non-Exempt ___ N/A = Not Applicable			
Job:	Grade:	Payroll: <i>Biweekly</i>	
Location: Fredonia, NY	Status: ___ Active Assignment ___ SUNY Extra Service		
Employment Category: ___ Exempt Regular ___ Exempt Temp ___ Hourly ___ Nonexempt Regular ___ Nonexempt Temp			
Supervisor: 180 Effort Reporting, Ms. Administrator (Required for Effort Reporting Status of E or N)			
Work Week Basis: ___ 37 1/2 hours ___ 40 hours			
Timecard Required: ___ Y ___ N	Salary Basis:	FTE:	

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:
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EMPLOYEE ASSIGNMENT FORM

NAME:	Employee #:	SSN:
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LABOR DISTRIBUTION (Complete for salaried employees only)							
<u>Schedule Hierarchy</u>				Schedule Line Changes		__Assignment	__Element
Project	Task	Award	Organization	Expenditure Type	LD Start Date	LD End Date	%

Input by: _____	Date: _____
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DECLARATION AND AUTHORIZATION

I accept the position indicated above 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.

Patent Waiver and Release Agreement

I have read the [Patent and Inventions Policy](#) and the [Computer Software Policy](#) of The Research Foundation of State University of New York. I agree to abide by any additional terms and conditions relating to the above policies as required by any sponsor from whom I accept support through The Research Foundation of State University of New York.

In fulfillment of the above, I will promptly report to the Research Foundation or its designee such patentable inventions, discoveries, and computer software and software support materials as may arise out of work supported by the sponsor and will cooperate with the sponsor, the State University of New York, or the Research Foundation in the preparation and prosecution of any patent or copyright applications relating to such inventions, discoveries, and computer software and software support materials, and will execute all documents necessary to such applications. I further agree to assign all patent rights and copyrights applicable to such inventions, discoveries, computer software and software support materials to the sponsoring agency, to the State University of New York, to the State University of New York's designee, or to the Research Foundation in those instances where the applicable sponsor policy or the State University of New York's Patents and Inventions Policy or Computer Software Policy places ownership of such in either the sponsor, the State University of New York, or the Research Foundation.

THE RESEARCH FOUNDATION IS AN EQUAL OPPORTUNITY EMPLOYER, PERSONNEL ARE CHOSEN ON THE BASIS OF ABILITY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, HANDICAP OR NATIONAL ORIGIN, IN ACCORDANCE WITH FEDERAL AND STATE LAWS.

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) _____