

EMPLOYEE ASSIGNMENT FORM

RF ID #:

DATE STAMP

R F U S E	Hire Date: (dd/MMM/yy)	E-Verify Status: Y N	Case Verification #:
		Date Authorized:	202

PEOPLE DATA

Last Name:		First Name:		Middle Initial:
Title: Dr. __ Miss __ Ms. __ Mrs. __ Mr. __ Mx __			Sex: __ M __ F __ X	Gender: __ M __ F __ X
Social Security #:		Birth Date: (dd-MMM-yyyy)		Type: Internal
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 Alaska 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 __ P		Visa Type:		I-9 Expiration Date:
Vets 100 Status:		New Hire: <i>Include in New Hire Report</i>		Mail Stop (Check Delivery Drop):
Vets 100A Status:		Primary Correspondence Language: American English Other: _____		
Full Time Student : __ Y __ N		Date Degree Expected: (dd-mmm-yyyy)		
Campus Verification:				
Prev. Vested in Retirement? __ Y __ N		If Yes to Service Credit, indicate:		
If no, Prior Retirement Service Credit: __ Yes __ No __ N/A		__ SUNY __ Other College/University __ Research Organization		

ADDRESS

US Address (Primary Address in United States):	Address 2: __ US __ Foreign
City:	City:
State: Zip Code:	State: Zip Code:
Type: (Permanent) Local-US Campus Off-Site	Type: Permanent (Local-US) Campus Off-Site
Primary: Yes	Primary: No
Telephone:	Telephone:
E-Mail Address:	

ASSIGNMENT

Organization: 150 –		Op. Location: 150	Group: Employee -
Job:		Grade:	Payroll: <i>Biweekly</i>
Location: 150 Brockport	Status: __ Active Assignment __ SUNY Extra Service		
Assignment Category: __ Exempt Regular __ Hourly __ Nonexempt Regular		Emp Cat: Sponsored Programs	
Salary Basis: Salaried Annual Salaried Period Hourly	Supervisor:		Work Week Basis: 37.5 hours
FTE:	Hourly-Benefits Eligible? __ Yes __ No		Work Region: Greater NYS
Appointment Type: 10 Month Employee		Academic Year Employee N/A	

SALARY

Proposal (Effective) Date: (dd-MMM-yy)	RATE:
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EMPLOYEE ASSIGNMENT FORM

Approved: X	Reason: New Hire	Annual	Period Salary	Hourly
Retro Required? No	Yes: Begin Date: (dd-MMM-yy)	Retro End Date: (dd-MMM-yy)		

(Office Use Only) Input by:	Date:
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NAME:	RF ID #
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Labor Distribution							
Schedule Hierarchy					Assignment	Element	
Schedule Line Changes							
Project	Task	Award	Organization	Expenditure Type	LD Start Date	LD End Date	%

(Office Use Only) LD - Input by:	Date:
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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.

Laura Merkl

Operations Manager or Designee (Signature) _____ (Date) _____

Research Foundation Human Resources Review/Approval: (Signature) _____ (Date) _____