



The Research Foundation for The State University of New York

EMPLOYEE ASSIGNMENT FORM

Regular Summer Extra Service

Department: _____ Supervisor Person #: _____ - _____ PI/Contact Name: _____ Phone: _____

Hire Date: _____ Rehire? Yes No Prior Retirement Service Credit: Yes No If Yes: SUNY Accredited College / University or Research Organization

PEOPLE DATA

Dr. Ms. Mr. Miss Mrs. Last Name: _____ First Name: _____ Middle Initial: _____

Gender: Male Female Birth Date: _____ Nationality: US Citizen Non-Citizen Not in US Non-Citizen in US on VISA Permanent Resident MAIL STOP (Check Delivery Drop): _____

Ethnic Origin: Alaskan Native Asian Caucasian Hispanic American Indian Black Pacific Islander Visa Type: J01 F01 H01 TN Other _____ Work Authorization Exp. Date: _____

Veteran Status: Not a Veteran Veteran Termination Date: _____

Education Level Reached: _____ Student Status: SUNY Undergrad SUNY Grad Degree Expected: _____ If Full-Time SUNY Student Date Degree Expected: _____

ASSIGNMENT

Payroll Title: _____ FTE: _____ Working Hours: 37 1/2 40 Assignment #: _____

Salary: (Check One) Annual \$ _____ (B/W _____) Period Amount/Total _____ (B/W _____) Hourly Rate \$ _____

LABOR DISTRIBUTION (If mores lines are needed, continue on Labor Distribution Form)

Project	Task	Award	Expenditure Type	Date		<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Hourly	Actual %	LD %
				Begin	End			

NOTES / EXPLANATIONS

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 have read the Patent Waiver and Release Agreement and accept it as a condition of employment. I also agree to abide by all policies and regulations of The Research Foundation.

Employee Signature: _____ Date: _____

Principal Investigator _____ Date _____ Chair/Dean/VP _____ Date _____

HRS - Date Stamp

FOR BUSINESS USE

SPS - Date Stamp _____

Element:	Begin:
HRS Signature _____ Date _____ Initials _____	End:
G&C Signature _____ Initials _____ Date _____	\$:

ADDRESS FORM MUST ACCOMPANY THIS FORM

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.

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 which 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 right 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.

DEFINITIONS

Extra Service Appointment for compensation over and above full-time base salary as approved by SUNY and/or The Research Foundation.

Full-Time SUNY Graduate Student Registered for 9 credits or more; or registered for and working full-time on thesis or independent study.

Full-Time SUNY Undergraduate Student A student who satisfies the requirements defined by the State University of New York for a full-time student and registered for 12 credits or more.

Disabled A person who has a physical or mental impairment which substantially limits one, or more major life activities, has a record of such impairment or is regarded as having such an impairment.

Payment Rate Rate of pay per biweekly pay period or per hour, must equal at least the minimum wage based on the number of hours worked per week.

Percent of Time If appointed full-time, 100%. If appointed part-time, the ratio of anticipated hours to standard workweek hours.

Summer Only Appointment Employed for less than four months during the summer months (indicate expected termination date). Faculty summer appointments must be between the end and beginning of academic years.

Work Authorization Expiration Date Date through which a non-US citizen is authorized to work by the terms of his or her visa.

Accompanying Forms

I-9, Employment Eligibility Verification
W-4, Federal Employee Withholding Allowance Certificate
IT-2104, NYS Employee Withholding Allowance Certificate or IT-2104E,
NYS Employee Withholding Exemption Form
Forms for Self-Identification of Veteran or Handicapped Status
Address Form

Education Level Reached

HSS High School
ASC Associate's
BAC Bachelor's
MAS Master's
PHD PhD
MDD MD