



Employee Appointment Form

Hire Date _____ Prior Retirement Service Credit? If Yes:
 Rehire? Yes Prior SUNY
 No No Concurrent SUNY
 No Prior Non SUNY (College/Univ or Research Org)

People Data

Last Name _____ First Name _____ Middle Name _____
 Social Security # _____ Birth Date _____ Gender: Male Female
 Title: _____ Nationality: _____ Ethnic Origin (select all that apply):
 Dr. U.S. Citizen American Indian or Alaskan Native
 Mr. Non-Citizen in U.S. on VISA Asian
 Mrs. Non-Citizen Not in U.S. Black or African American
 Ms. Permanent Resident Hispanic or Latino
 Miss Native Hawaiian/Other Pacific Islander
 Primary Language: _____ White

I-9 Status: _____ Visa Type _____ E-Verify Status _____
 Yes No Pending Country _____ Date Authorized _____
 I-9 Expiration Date _____ Case Verification # _____

Check Delivery Drop _____ Veteran 100 Status _____
 Position Number _____ Veteran 100A Status _____

Special Information

Education Level _____ Other Special Information? Yes No
 Degree Expected _____ If Yes, please specify:
 Date Degree Expected _____

Address

Primary U.S. Address _____
 City _____ State _____ Zip _____
 County _____ Country _____
 Secondary Address _____ U.S. Foreign
 City _____ State _____ Zip _____
 County _____ Country _____
 Primary Phone (____) ____ - ____ Other Phone (____) ____ - ____ Email Address _____

Emergency Contact Information (if needed, more than one contact may be listed. International faculty and staff, please include a local contact)

Contact Name _____ Contact Phone (____) ____ - ____ Relationship to Employee _____
 Contact Name _____ Contact Phone (____) ____ - ____ Relationship to Employee _____

Assignment

Supervisor 1 _____	ID _____	Supervisor 2 _____	ID _____
Org _____	Salary Annual _____	Employment Category:	Status:
Job Title _____	Salary for Period _____	<input type="checkbox"/> Exempt Regular	<input type="checkbox"/> Regular
FTE _____	Hourly _____ Lump Sum _____	<input type="checkbox"/> Nonexempt Regular	<input type="checkbox"/> Summer
Working Hours	Hourly Biweekly Work Hours _____	<input type="checkbox"/> Grad Exempt	<input type="checkbox"/> Extra Service
<input type="checkbox"/> 37 1/2 <input type="checkbox"/> 40	Grads Biweekly Work Hours _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> SUNY Extra Service



Employee Appointment Form

Last Name _____ First Name _____ RFID _____

Labor Distribution

Schedule Line Changes

Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%

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. 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.

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.

Further, I hereby 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 the Research Foundation policies.

FOR GRAD STUDENTS, MY SIGNATURE ALSO APPROVES AUTOMATIC PAYMENT OF GRAD STUDENT TUITION AT THE IN-STATE RATE. (APPLIES TO GRANT PROPOSALS SUBMITTED AFTER 3/15/04 ONLY). FOR QUESTIONS, PLEASE CALL 2-7039.

WAIVER _____

Project Director/Co-Director _____ Department Contact _____ Phone (____) ____ - ____

Signature _____ Date _____

Operations Manager:

Signature _____ Date _____

Additional Campus Signatures as Required:

Signature _____ Date _____

Signature _____ Date _____

Input by _____ Date _____

Labor Distribution Input By _____ DA Required _____ DA Input _____