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| **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: *Internal*** |
| **Social Security #:** | | | | | | **Birth Date: (dd/mmm/yy)** | | | | | |
| **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 \_\_\_, White \_\_\_** | | | | | | | | | | | |
| **I-9 Status: \_\_Yes \_\_No \_\_Pending** | | | **Visa Type:** | | | | | | | **I-9 Expiration Date:** | |
| **Vets 100 Status:** | **Vets 100A Status:** | | | | | **New Hire: *Include in New Hire Report*** | | | | | |
| **Mail Stop (Check Delivery Drop):** | | | | | | **Correspondence Language:** | | | | | |
| **E-Verify Status:** | | | | **Date Authorized:** | | | | **Case Verification #:** | | | |
| SPECIAL INFO | | | | | | | | | | | |
| **Education Level:** | | **Degree Expected:** | | | | | Date Degree Expected:(dd/mmm/yy) | | | | |
| **Other Special Info: \_\_\_Y \_\_\_N** | | **Specify:** | | | | | | | | | |

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| ADDRESS | | | | | |
| **US Address (Primary Address in United States):** | | | | | |
| **City:** | **State:** | | | **Zip Code:** | |
| **County:** | **Country:** | | |  | |
| **Type:** | | | Primary: Y (this should be checked on the US address) | | |
| **Telephone: ( )** | | |  | | |
| **E-Mail Address:** | | | | | |
| **Address 2: \_\_\_US \_\_\_Foreign** | | | | | |
|  |  | | | |  |
| **City:** | **State:** | | | | **Zip Code:** |
| **County:** | **Country:** | | | |  |
| **Type:** | | **Primary: N** | | **Telephone: ( )** | |

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| ASSIGNMENT | | | | | | | | | | | | | | | | | | | |
| **Organization:** | | | | | | | | | | **Op. Location:** | | | | | | **Group:** | | | |
| **Effort Reporting Status: \_\_\_\_E** = Exempt **\_\_\_\_N** = Non-Exempt **\_\_\_\_N/A** = Not Applicable | | | | | | | | | | | | | | | | | | | |
| **Job:** | | | | | | | | | **Grade:** | | | | | | **Payroll:*Biweekly*** | | | | |
| **Location:** | | | | | | | Status: \_\_\_\_ Active Assignment \_\_\_\_SUNY Extra Service | | | | | | | | | | | | |
| **Assignment Category:** \_\_\_\_\_ Exempt Regular \_\_\_\_\_\_ Hourly \_\_\_\_\_\_ Nonexempt Regular | | | | | | | | | | | | | | | | | | | |
| **Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| **Work Week Basis: \_\_\_\_\_37 ½ 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)** | | | | | | | | | | | | | | | | | | | |
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| Input by: Date: | | | | | | | | | | | | | | | | | | | |
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| Name: | | | | | | Employee #: | | | | | | | | SSN: | | | | | |
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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** | | **%** |
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| 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](file:///\\VM-Wolfjaw.oneonta.edu\Users$\nicosima\My%20Documents\Melissa's%20work\rf%20hr\policies\mupol001.htm) and the [Computer Software Policy](file:///\\VM-Wolfjaw.oneonta.edu\Users$\nicosima\My%20Documents\Melissa's%20work\rf%20hr\policies\mupol002.htm) 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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)