



ACADEMIC FELLOWSHIP FORM

Effective Date:	Operating Location:	
PEOPLE DATA		
Last Name:	First Name:	Middle Name:
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<input type="checkbox"/> M <input type="checkbox"/> F	Type: <i>Internal</i>
Social Security #:	Birth Date: (dd/mmm/yy)	
Nationality: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen in US on VISA <input type="checkbox"/> Non-Citizen Not in US <input type="checkbox"/> Perm. Resident		
Ethnic Origin: (select all that apply) American Indian or Alaskan Native <input type="checkbox"/> , Asian <input type="checkbox"/> , Black or African American <input type="checkbox"/> , Hispanic or Latino <input type="checkbox"/> , Native Hawaiian or Other Pacific <input type="checkbox"/> , White <input type="checkbox"/>		
I-9 Status: <i>Not Applicable</i>	Visa Type:	
New Hire: <i>Exclude from New Hire Report</i>	Reason: <i>Not an Employee</i>	
Mail Stop (Check Delivery Drop):		
E-Verify Status: <i>No</i>	Date Authorized: <i>N/A</i>	Case Verification #: <i>N/A</i>

SPECIAL INFO

Education Level:	Degree Expected:	Date Degree Expected: (dd/mmm/yy)
Other Special Info: <input type="checkbox"/> Y <input type="checkbox"/> N	Specify:	

ADDRESS

US Address (Primary Address in United States):		
City:	State:	Zip Code:
County:	Country:	
Type:	Primary: <input checked="" type="checkbox"/> (this should be checked on the US address)	
Telephone: ()		
E-Mail Address: (Optional)		
Address 2: <input type="checkbox"/> US <input type="checkbox"/> Foreign		
City:	State:	Zip Code:
County:	Country:	
Type:	Primary: N	Telephone: ()

ASSIGNMENT

Organization:	Op. Location:	Group: <i>Fellow</i>
Effort Reporting Status: <i>N/A = Not Applicable</i>		
Job: <i>No Job Required</i>	Grade: <i>NA.0</i>	Payroll: <i>Biweekly</i>
Location:		
Status: <i>Active Assignment</i>	Employment Category: <i>Not an Employee</i>	
Timecard Required: <i>No</i>	Salary Basis: <i>Non-Employee</i>	FTE: <i>0.0</i>



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SALARY

Proposal (effective) Date: (dd/mmm/yy)	New/Change Value: \$0.00	Approved: X
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AWARD DATA

Award Amount: \$	Fellow Type: ___ Faculty ___ Postdoc ___ Grad ___ UnderGrad
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Award Begin Date: (dd/mmm/yy)	Award End Date: (dd/mmm/yy)
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Retro Required? ___ No ___ Yes: Begin Date: (dd/mmm/yy)	End Date: (dd/mmm/yy)
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Input by:	Date:
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NAME:	ID (Employee) #:	SSN:
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ACADEMIC FELLOWSHIP - LABOR DISTRIBUTION

Schedule Hierarchy ___ Assignment ___ Element

Schedule Line Changes

Project	Task	Award	Organization	Expenditure Type	LD Start Date	LD End Date	%

Input by:	Date:
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ACADEMIC FELLOWSHIP FORM

DECLARATION (Required for initial award only.)

I acknowledge that no services are required of me in consideration of the stipend provided by this fellowship award. I understand that as a fellowship recipient engaged in study or research on a State University of New York campus I am subject to the Patent Waiver and Release Agreement and the University's academic policies applying to fellowship recipients.

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.

Fellowship Recipient Signature:

Date:

APPROVALS

This assignment is permissible under the terms stated by the above sponsor.

Project Director/Co-Project Director:

(Signature)

(Date)

Funds are in the account for this assignment.

Operations Manager:

(Signature)

(Date)

Additional campus signature as required

(Signature)

(Date)