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EMPLOYEE APPOINTMENT FORM

Hire Date:	Rehire? ___ Y ___ N	Prior Retirement Service Credit ___ Yes ___ No If Yes: ___ Prior SUNY ___ Concurrent SUNY ___ Prior NonSUNY (College/Univ, or Research Org)

PEOPLE DATA

Last Name:	First Name:	Middle Name:
Title: ___ Dr. ___ Miss ___ Mrs. ___ Ms. ___ Mr.	Gender: ___ M ___ F	Primary Language _____
Social Security #:	Birth Date:	
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/Other Pacific Islander, ___ White		
I-9 Status: ___ Yes ___ No ___ Pending	Visa Type:	Country:
Veteran 100 Status:		Veteran 100A Status:
Check Delivery Drop:		
E-Verify Status:	Date Authorized:	Case Verification#

SPECIAL INFO

Education Level:	Degree Expected:	Date Degree Expected:
Other Special Info: ___ Y ___ N	Specify:	

ADDRESS

			Supervisor (print)	Stony Brook ID#
US Address (Primary Address in United States):			1.name	ID:
			2.name	ID:
City:	State:	Zip	3.name	ID:
County:	Country:			
Telephone: ()		Email Address:		
Address 2: ___ US ___ Foreign				
City:	State:	Zip Code:	County:	
Country:				

EMERGENCY CONTACT (If needed, more than one contact may be listed. International Faculty and staff please include local contact)

Contact Name:	Contact Phone #:	Relationship to Employee:
Contact Name:	Contact Phone#:	Relationship to Employee:

ASSIGNMENT

Organization:		
Job:		
Working Hours: ___ 37 1/2 ___ 40	Grads Only: Weekly Hour Working:	
Employment Category: ___ Exempt Regular ___ Nonexempt Regular ___ Grad Exempt ___ Hourly		
Status: ___ Regular ___ Summer ___ Extra Service ___ SUNY Extra Service		
Salary Annual:	Salary for Period:	Hourly:
		Lump Sum:
FTE:	Hourly Emp# of Hrs. Work biweekly:	
Retro Required ___ No ___ Yes	Retro Begin Date	Retro End Date
		Retro Amount



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Last Name: _____ First Name: _____ SSN: _____

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 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: _____

APPROVALS

This assignment is consistent with sponsored program terms and conditions and with Research Foundation policies.

Project Director/Co-Project Director: _____ Department Contact: _____ Phone: _____

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 call 2-7039. WAIVER_____

(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:



EMPLOYEE APPOINTMENT FORM

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 whom 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 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.

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