



EMPLOYEE APPOINTMENT FORM
SUNY POLYTECHNIC INSTITUTE

COMPLETED BY:

CONTACT PHONE:

SUPERVISOR/TIMESHEET APPROVER:

Date of Hire: Rehire? Yes No

PEOPLE DATA

ADDRESS FORM MUST ACCOMPANY THIS FORM

Salary End Date: DR, Ms, Mr, Miss, Mrs. Last Name: First Name: Middle Initial: SSN #: Emp #/Assignment #:

Gender: M F Birth Date: Nationality: US Citizen, Non-Citizen not in US, Non-Citizen in US on VISA, Permanent Resident Further Name (optional): Veteran Status: Yes No Mail Stop:

Ethnic Origin: American Indian or Alaskan Native, Asian, Two or More Races, Black or African American, White, Hispanic or Latino of any race, Native Hawaiian or Other Pacific VISA Type: J01, F01, H01, Other, TN COUNTRY I-9 Status: Yes No Pending Work Auth Expiration Date:

Education Level Reached: Student Status: SUNY Undergrad, SUNY Grad Degree Expected: Date Degree Expected: Exempt from SS/Med: Yes No

ASSIGNMENT

Title: FTE %: Working Hours 37 1/2, 40 Grade: Appointment Type: Regular, Post Doc, Summer, Extra Service

Employment Category: Exempt Regular, Nonexempt Regular, Hourly Current SUNY Employee: Yes No SUNY Salary:

Salary: (Check one) Annual \$ (B/W) Hourly Rate \$ Retro Required \$ Dates PAID Eligible for Benefits

LABOR DISTRIBUTION (If more lines are needed, please attach Labor Distribution Form)

Table with columns: Element (If Applicable), Project, Task, Award, Organization, Expenditure Type, LD Start Date, LD End Date, %

Administrative, Sponsored Programs, Agency

DECLARATION AND AUTHORIZATION

I accept the position indicated above as an employee of The Research Foundation for the 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. I have read the Patent Waiver and Release Agreement and the Computer Software Policy of The Research Foundation for the State University of New York and accept them both as a condition of employment.

Employee Signature: Date:

APPROVALS

NOTES/EXPLANATIONS

This appointment is consistent with sponsored program terms and conditions and with Research Foundation policies. Funds are available for this purpose. Principal Investigator (or Designee) Signature Date, Sponsored Programs - LD Signature (OM or Designee) Date, Human Resources Signature (OM or Designee) Date, Additional Campus Signature as Required Date, SUNY Salary Verified By, Student Registration By, SS Card presented for payroll purposes, E-Verify Status, PTO Adjustment, DOL NOTICE

Payroll Input by Date Reviewed by Date LD Input by Date Reviewed by Date



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Intellectual Property Assignment

I have read The State University of New York's [Patents, Inventions and Copyright Policy](#) ("SUNY Policy") and [RFSUNY's Intellectual Property Policy](#) ("RF Policy"). I agree to abide by the SUNY Policy and the RF Policy, and by any additional terms and conditions imposed by any sponsor from which I accept support through RFSUNY, including but not limited to the Patent and Trademark Amendments Act (i.e., Bayh-Dole Act) and its implementing regulations found in 37 CFR 401. I will promptly disclose to RFSUNY or its designee any Intellectual Property (as defined in the SUNY Policy) subject to the SUNY Policy or sponsor requirements, and will cooperate with RFSUNY, the sponsor, and the State University of New York, and execute any such documents as may be necessary to protect the subject Intellectual Property. I understand that the prompt disclosure of Intellectual Property developed within the scope of my employment is required to enable its protection prior to U.S. or foreign statutory bars and to establish the government's rights, where applicable. I hereby assign to RFSUNY all rights in Intellectual Property subject to the SUNY Policy, and will execute any documents required to effectuate such assignment to or as directed by RFSUNY.

As an Equal Opportunity/Affirmative Action Employer, the RFSUNY will not discriminate in its employment practices due to an applicant's race, color, creed, religion, sex (including pregnancy, childbirth or related medical conditions), sexual orientation, gender identity or expression, transgender status, age, national origin, marital status, citizenship, physical and mental disability, criminal record, genetic information, predisposition or carrier status, status with respect to receiving public assistance, domestic violence victim status, a disabled, special, recently separated, active duty wartime, campaign badge, Armed Forces service medal veteran, or any other characteristics protected under applicable law. The RFSUNY will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant.
