



ACADEMIC FELLOWSHIP FORM

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| FELLOW #: | | Operating Location: 160 Buffalo College | |
| PEOPLE DATA | | | |
| Last Name: | | First Name: | |
| Middle Name: | | | |
| Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | Type: <i>Internal</i> | |
| Social Security #: | | Birth Date: (i.e. 31-DEC-2005) | |
| 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: <input type="checkbox"/> American Indian or Alaska Native, <input type="checkbox"/> Asian, <input type="checkbox"/> Black or African American, <input type="checkbox"/> Hispanic or Latino (All other races), <input type="checkbox"/> Hispanic or Latino (White race only), <input type="checkbox"/> Native Hawaiian or other Pacific Islander, <input type="checkbox"/> White | | | |
| I-9 Status: <i>Not Applicable</i> | | Visa Type: | |
| | | I-9 Expiration Date: | |
| Mail To: <input type="checkbox"/> Home <input type="checkbox"/> Office | | New Hire: <i>Include in New Hire Report</i> | |
| | | Reason: <i>Not an Employee</i> | |
| Mail Stop (Check Delivery Drop): | | | |

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| SPECIAL INFORMATION | | |
| Education Level: | Degree Expected: | Date Degree Expected: |
| Other Special Info: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Specify: |

| | | |
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| ADDRESS | | |
| US Address: (Primary Address in the United States): | | |
| City: | State: | Zip Code: |
| County: | Country: | |
| Type: <i>Permanent</i> | Primary: <u>Y</u> (must be a 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: <u>N</u> | Telephone: () |

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| ASSIGNMENT | | |
| Organization: | | Op. Location: <i>160 Buffalo College</i> |
| Effort Reporting Status: <i>N/A = Not Applicable</i> | | Group: <i>Fellow</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 | | |
| Award Amount: \$ | Fellow Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Post-Doctorate <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate | |
| Award Begin Date: (dd/mmm/yy) | | Award End Date: (dd/mmm/yy) |
| Retro Required? <input type="checkbox"/> No <input type="checkbox"/> Yes: If Yes, Begin Date: (dd/mmm/yy) | | End Date: (dd/mmm/yy) |
| Reason for Retro: | | Approved: <i>X</i> |

| | | |
|--------------------------|---------------------|--------------|
| (Office Use Only) | HR Input by: | Date: |
|--------------------------|---------------------|--------------|



ACADEMIC FELLOWSHIP FORM

NAME:

ID#:

SSN:

ACADEMIC FELLOWSHIP - LABOR DISTRIBUTION

Schedule Hierarchy

☐ Assignment

☐ Element

Schedule Line Changes

| Project | Task | Award | Organization | Expenditure Type | Start Date | End Date | % |
|---------|------|-------|--------------|------------------|------------|----------|---|
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(Office Use Only)

LD Input by:

Date:

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 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.

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)

This fellowship assignment is consistent with SUNY academic policy and procedure.

SUNY Academic Officer:

(Signature)

(Date)

Additional campus signature as required

(Signature)

(Date)