

## ACADEMIC FELLOWSHIP FORM

<b>RF ID #</b>	
<b>Effective Date:</b>	<b>Operating Location: 150 SUNY Brockport</b>

### PEOPLE DATA

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Title:</b> Dr. Mr. Miss Mrs. Ms. Mx.	<b>Sex:</b> M F	<b>Gender:</b> M F X			
<b>Social Security #:</b>		<b>Birth Date :</b> (dd/mmm/yyyy)		<b>Type:</b> <i>Internal</i>	
<b>Chosen or Preferred First Name:</b>					
<b>Nationality:</b> US Citizen; Non-Citizen in US on VISA Non-Citizen Not in US; Perm. Resident					
<b>Ethnic Origin:</b> __ American Indian or Alaskan Native __ Asian __ Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Two or More Races					
<b>I-9 Status:</b> <i>Not Applicable</i>		<b>Visa Type:</b>			
<b>New Hire:</b> <i>Exclude from New Hire Report</i>		<b>Reason:</b> <i>Not an Employee</i>		<b>Mail Stop (Check Delivery Drop):</b>	
<b>E-Verify Status:</b> Yes No P		<b>Date Authorized:</b> N/A		<b>Case Verification #:</b> N/A	

### SPECIAL INFO

<b>Education Level:</b>	<b>Degree Expected:</b>	<b>Date Degree Expected:</b>
<b>Other Special Info:</b> Y N	<b>Specify:</b>	

### ADDRESS

<b>US Address (Primary Address in United States):</b>		<b>Address 2:</b> US Foreign	
<b>Street:</b>		<b>Street:</b>	
<b>City:</b>		<b>City:</b>	
<b>State:</b>	<b>Zip Code:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Type:</b> Permanent		<b>Type:</b>	
<b>Primary:</b> Y		<b>Primary:</b> N	
<b>Telephone:</b>		<b>Telephone:</b>	
<b>E-Mail Address:</b>			

### ASSIGNMENT

<b>Organization:</b> 150 –		<b>Op. Location:</b> 150	<b>Group:</b> 150.Fellow.N/A	<b>FTE:</b> 0.0
<b>Job:</b> Fellowship Faculty Graduate Postdoctoral Undergraduate Direct Pay				
<b>Grade:</b> NA.0	<b>Payroll:</b> Biweekly	<b>Location:</b> 150-Brockport	<b>Status:</b> Active Assignment	
<b>Timecard Required:</b> No	<b>Salary Basis:</b> Non-employee	<b>Employment Category:</b> Not an employee		

### SALARY

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

<b>Award Amount:</b>					
<b>Award Begin Date:</b> (dd-mmm-yy)	<b>Award End Date:</b> (dd-mmm-yy)				
<b>Retro Required?</b> No Yes: <b>Begin Date:</b> (dd-mmm-yy)	<b>End Date:</b> (dd/mmm/yy)				
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Notes/Comments:</td> <td style="border: none; width: 50%; text-align: right;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Input by:</td> <td style="width: 30%;">Date:</td> </tr> </table> </td> </tr> </table>		Notes/Comments:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Input by:</td> <td style="width: 30%;">Date:</td> </tr> </table>	Input by:	Date:
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