



NEW/REHIRE FORM

Upon completion, return to Office of Human Resources, 216 Bray Hall

PROJECT DIRECTOR TO COMPLETE

Employee Last Name _____ First Name _____ Middle _____

Title _____

Check One:

Dr. _____ Ms. _____
Mrs. _____ Mr. _____
Miss _____

Mailing Address—Street, City, State, Zip (address to which the letter of appointment should be sent)

Salary Start Date: _____
Salary End Date: _____

Salary Actual Earnings

Annual \$ _____
BiWeekly \$ _____
Hourly \$ _____
Approximate Hours Per Week _____
Total Remuneration \$ _____
Summer \$ _____

Employee—SUNY FT Undergraduate
Employee—SUNY FT Graduate
Employee—Regular
Employee—Summer

Work Week *

Full Time
Part Time-FTE% _____
Work Region # (See 2nd Page **)

Table with 4 columns: Project #, Award #, Task #, LD %

Project Director Approval (required for all)

Signature: _____
Print Name: _____
Date: _____ Phone #: _____
Department: _____

Department Chair/Director Approval - Required for all PI & CO PI appointments and required for FNRM and Paper Bioprocess Engineering

Signature: _____
Date: _____

EMPLOYEE TO COMPLETE

Local Address: _____
Permanent Address: _____
Home/Cell Phone: _____ Work Phone: _____
Email: _____ Date of Birth: _____

Nationality:

US Citizen
Permanent Resident
Non-Citizen in US on Visa
Visa Type: _____

FOR PRIOR RETIREMENT SERVICE CREDIT:

Have you worked for SUNY or any other College/University or Research Organization?
Prior SUNY Dates: _____ Current SUNY, if yes, % _____
Prior Non SUNY Dates: _____ Not Applicable

Education:

Level Completed: _____
Degree Expected: _____
Date Degree Expected: _____

I accept the position offered as an employee of The Research Foundation for The State University of New York ("RFSUNY"). I understand this position is subject to final approval by RFSUNY and is terminable at will. I also agree to abide by all policies and regulations of RFSUNY.

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.

Employee Signature _____ Date _____

SIGNATURES

Office of Research Programs: _____ Date _____
Operations Manager or Designee: _____ Date _____
TUITION: Yes No Fall 20 Spring 20 Emp Cat: ADM SP Agy

For Office Use Only

Date to HR: _____
Employee # _____
37.5 Non-Exempt 37.5 Exempt

For Office Use Only

Letter # _____ Date: _____ Supervisor (if different from PI): _____ Benefits: Yes (ltr #3) No (ltr #2)
I-9: Yes No Requires Monthly Exception Report? Yes No Accrue: _____ Vacation
Send copy of appointment form? Yes No Requires hourly Timesheet? Yes No Sick
Send paperwork? Yes No End Date for TK: _____ Personal Leave
Colloquium (new incoming fall semester students only) Yes No Handbook & Signoffs only: _____

* For purposes of pay calculation under the requirements of the Fair Labor Standards Act (FLSA) of 1938 as amended, the Research Foundation (RF) has established a workweek period that extends from Saturday at 12:00 a.m. through Friday at 11:59 p.m. Within this workweek period, the Research Foundation has established either a 37.5-hour or 40-hour standard workweek as the basis for full-time employment [1.0 Full Time Equivalent (FTE)]. Part-time employment is calculated on the standard workweek. The designation of standard work week is based upon position requirements. Although assigned a specific standard workweek relative to the core business hours of the college which is 37.5 hours per week, exempt employees are not covered under the overtime provisions contained within the Fair Labor Standards Act (FLSA). As such, they may be required to work hours outside of their standard workweek, based upon job responsibilities or business.

Number	Work Region **	Description
#1	Great NYS	Other than NYC, Long Island and Westchester
#2	International	Outside of the United States
#3	Long Island and Westchester	Suffolk, Nassau, and Westchester Counties
#4	NYC	Manhattan, Brooklyn, Queens, Bronx, Staten Island Boroughs
#5	Out of State	In the United States but not in New York State

For Office Use Only:

I-9 Completed? ___ Yes ___ No ___ N/A

Date Completed _____

VISA Type _____

Work Authorization Expiration Date _____

E-Verify Date _____

Case Verification # _____

Student Status Checked _____

Grad/VISA Share File Done _____

Start Date Verification _____

RPA Copy Bursar _____

Date Input By _____

LD _____

Copies to Payroll _____

Special Notes _____

For Office Use Only:

_____ Completed form to Secretary

_____ Typed letter for proofing

_____ Proofed letter back to Secretary

_____ Letter sent for signature

_____ Returned signed letter to RF Clerical Specialist for mailing

_____ Letter Mailed

_____ Yes/No: Paperwork mailed with letter



EMPLOYEE QUESTIONNAIRE

Employee Name _____

Social Security # _____

Do you have current or future employment at SUNY-ESF? ____ Yes ____ No

Do you have current or future employment at another SUNY campus through the Research Foundation? ____ Yes ____ No

If yes to either above, list name of employer, position, and percent of time working:

By checking this box, I understand that while employed by the Research Foundation at SUNY-ESF it is my responsibility to seek approval through ESF’s Human Resources Office for any other employment at SUNY-ESF or employment at another SUNY campus through the Research Foundation.

Emergency Contact _____

Relationship _____

Mailing Address _____

City, State, Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

Signature / Date