

NEW/REHIRE FORM

((Upon completion of this form, please return it to Office of Human Resources, 216 Bray Hall))

FOR OFFICE USE ONLY	
TUITION	
Source _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
SPRING 20____FALL 20____	

HIRE DATE: / /	Is this a rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	STATUS <input type="checkbox"/> Employee - SUNY FT Undergrad <input type="checkbox"/> Employee - SUNY FT Grad <input type="checkbox"/> Employee - Regular <input type="checkbox"/> Employee - Summer
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EMPLOYEE INFORMATION (project director completes)

EMPLOYEE'S LAST NAME	FIRST NAME	MIDDLE	<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
TITLE	MAILING ADDRESS (address to which the letter of appointment should be sent) Street Apt City State Zip Code		

SALARY AND LABOR DISTRIBUTION (project director completes)

SALARY START DATE: / /	SALARY (actual earnings) <input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Biweekly \$ _____ <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Total remuneration \$ _____ <input type="checkbox"/> Summer \$ _____	WORK WEEK <input type="checkbox"/> Full time <input type="checkbox"/> Part time %FTE _____	PROJECT#	AWARD#	TASK#	LD%
SALARY END DATE: / /						

PROJECT DIRECTOR APPROVAL (required for all) Signature _____ Date _____ Print Name _____ Department _____ Phone _____	FACULTY CHAIR/DIRECTOR APPROVAL (for faculties that require, see reverse side for listing) Signature _____ Date _____
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EMPLOYEE INFORMATION (employee completes)

LOCAL ADDRESS	PERMANENT ADDRESS		
HOME PHONE	WORK PHONE	EMAIL ADDRESS	DATE OF BIRTH
NATIONALITY <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen in US on Visa <input type="checkbox"/> Visa Type _____ <input type="checkbox"/> Permanent Resident	FOR PRIOR RETIREMENT SERVICE CREDIT: Have you worked for SUNY or any other College/ Univ. or Research Org.? <input type="checkbox"/> Prior SUNY Dates _____ <input type="checkbox"/> Current SUNY <input type="checkbox"/> Prior Non SUNY Dates _____ <input type="checkbox"/> Not Applicable	EDUCATION Education Level Completed _____ Degree Expected _____ Date Degree Expected _____	
PRIMARY LANGUAGE:			

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 also agree to abide by all policies and regulations of the Research Foundation including the Patent Waiver and Release Agreement (provided with your employment packet).

Employee Signature: _____ Date: _____

ADDITIONAL APPROVALS

OFFICE OF RESEARCH PROGRAMS _____ DATE _____	OPERATIONS MANAGER or DESIGNEE _____ DATE _____
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OFFICE USE ONLY

EMPLOYEE #	DATE REVIEWED REQ SUBMITTED TO HR		
I-9 COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DATE I-9 COMPLETED _____	VISA TYPE	WORK AUTH EXP DATE
E-VERIFY STATUS:	AUTHORIZATION DATE:	CASE VERIFICATION #	STUDENT STATUS CHECKED
STATUS NONEXEMPT <input type="checkbox"/> 37.50 <input type="checkbox"/> 40	STATUS EXEMPT <input type="checkbox"/>	LETTER/PNR DONE	VISA SHARE FILE DONE
START DATE VERIFICATION:	RPA SHARE FILE		
DATE INPUT BY	LD	SCANNED TO BASIN:	RPA COPY BURSAR
SPECIAL NOTES			

Faculty Chair Signature Requirements

Note: NO signatures are required for hourly students

Chemistry Faculty - Chair signature NOT required

Construction Management and Wood Products Engineering Faculty - Chair signature NOT required

Environmental and Forest Biology Faculty – Chair signature NOT required

Environmental Resources and Forest Engineering Faculty - Chair signature NOT required

Environmental Studies Faculty – Chair signature required

Forest and Natural Resources Management Faculty – Chair signature required

Landscape Architecture Faculty - Chair signature NOT required

Paper Science and Engineering Faculty - Chair signature required

The Research Foundation of State University of New York
At SUNY-ESF

EMPLOYEE QUESTIONNAIRE

Employee's Name: _____

Social Security # _____

Veteran Status:

___ Non-Veteran

___ Vets 100 Status (If veteran, additional form required)

___ Vets 100A Status (If veteran, additional form required)

ETHNIC ORIGIN (see reverse for definitions)

- American Indian or Alaska Native (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- White (not Hispanic or Latino)

Emergency Contact: _____

Relationship: _____

Address: _____

City _____ State _____ Zip _____

Phone: Home (_____) _____

Cell (_____) _____

Work (_____) _____

ETHNIC ORIGIN DEFINITIONS

Value	Description
American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
Hispanic or Latino (White race only)	A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, of white race only.
Hispanic or Latino (All other races)	A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, of any race other than white.
Native Hawaiian or Other Pacific Islander	<p>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term "Native Hawaiian" does not include individuals who are native to the State of Hawaii by virtue of being born there.)</p> <p>In addition to Native Hawaiians, Guamanians, and Samoans, this category would include the following Pacific Islander groups reported in the 1990 census: Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese.</p>
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.