

STATE STUDENT ASSISTANT APPOINTMENT FORM

Upon completion please forward this form to the Office of Human Resources, 216 Bray Hall for review and approval

STUDENT EMPLOYEE COMPLETES THIS SECTION:

The student must complete an I-9 form in the Office of Human Resources, 216 Bray Hall, before or within 3 days of start date. Tax forms (W-4 and IT-2104) and working papers (if under age 18) must be submitted to the Office of Human Resources prior to starting date. Hourly time sheets are completed by the student, approved by the supervisor, and submitted to the Payroll Office, 101 Bray Hall, in order to generate the appropriate payroll check. Schedules may be obtained in the Payroll Office.

Last Name _____ First Name _____ Salutation: ___ Ms. ___ Mr.

SSN _____ Phone _____ Email _____ Date of Birth _____

Permanent Address _____

Local Address _____

Highest Degree Earned _____ Year _____ Educational Institution _____

1) Are You Hispanic or Latino? Yes ___ No ___ (question 2 is also required regardless of answer)

2) Which race/races do you consider yourself:

___ Black or African American ___ Native American or Native Alaskan

___ Native Hawaiian or Other Pacific Islander ___ White ___ Asian

Veteran Status: ___ Non-Veteran ___ Veteran

If veteran, do you qualify as: (see reverse side for definitions)

___ Disabled Veteran ___ Recently separated veteran

___ Armed Forces Service medal veteran ___ Other protected veteran

Honorable Discharge? Yes ___ No ___

Emergency Contact _____ Address _____ Phone _____

Please choose paycheck pick-up location: ___ Syracuse ___ Wanakena ___ Newcomb

Note: *Student Assistants must be registered SUNY students*

I am a SUNY student or enrolled for next semester - Signed _____ Date _____

SUPERVISOR COMPLETES THIS SECTION:

Anticipated Weekly Hours _____ Appointment Dates: _____ through _____

Hourly Rate \$ _____ (\$7.25 – effective 7/24/09 minimum hourly rate)

Summer Fee (for certain summer appointments only) \$ _____ ___ Biweekly OR ___ Total Remuneration

Unit _____ Account Number to be charged _____

Brief Description of Duties _____

Direct Supervisor _____ Print Name _____ Date _____

Account Signatory _____ Print Name _____ Date _____
(only required if different from direct supervisor)

STUDENT EMPLOYEE COMPLETES WITH OFFICE OF HUMAN RESOURCES:

Line # _____

I-9 Done Date _____ Waiver Done _____ Copy to HR File _____ Initials _____

If Non-Citizen: Visa Type _____ Work Authorization Exp. Date _____ Country of Citizenship _____

RACIAL ETHNIC CATEGORIES:

Hispanic or Latino: Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Black or African American: Persons having origins in any of the African racial groups.

Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Native American or Native Alaskan: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Native Hawaiian or Other Pacific Islander: Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White, not of Latino Origin: Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

VETERANS DEFINITIONS:

Disabled Veteran -- (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran -- any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces service medal veteran -- any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Other protected veteran -- a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

STATE UNIVERSITY OF NEW YORK
College of Environmental Science and Forestry

I hereby acknowledge that I have been informed by my employer, the SUNY College of Environmental Science and Forestry, that I have the right to join the retirement system of New York State. I further acknowledge that I must complete a Retirement System Membership Application which, must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute 3% of my salary to the Retirement System for the first 10 years of membership.

If I join the system, my beneficiary may be protected by a death benefit should I die in service. Upon meeting eligibility, I may be entitled to a lifetime pension or a disability pension if I become permanently and totally disabled from gainful employment.

I also understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

As a temporary employee, I elect NOT to join the Retirement System as an employee of New York State. I understand that if I wish to enroll in a retirement program in the future, that it is my responsibility to contact the Office of Human Resources at 470-6613 to enroll.

Print Name

Signature

Date