

## EMPLOYEE APPOINTMENT FORM

### EMPLOYEE INFORMATION (please complete all fields)

<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	Legal Last Name:	Legal First Name:	Preferred Name:	Middle Initial:	Social Security or EE #
<input type="checkbox"/> Miss <input type="checkbox"/> Mrs.					
Current SUNY Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have <u>immediate</u> prior service at SUNY, another US College or University, or Private Non-Profit Research Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Birth Date:	Nationality: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen not in US <input type="checkbox"/> Non-Citizen in US on VISA <input type="checkbox"/> Permanent Resident	Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language for Correspondence: <input type="checkbox"/> English <input type="checkbox"/> Other: _____	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic Origin: (select all that apply) <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 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	VISA Type: <input type="checkbox"/> J01 <input type="checkbox"/> F01 <input type="checkbox"/> Other _____ <input type="checkbox"/> H01 <input type="checkbox"/> TN COUNTRY _____			
Education Level Reached:	Student Status: <input type="checkbox"/> SUNY Undergrad <input type="checkbox"/> SUNY Grad	Type of Degree Expected:	If Full-Time SUNY Student : Date Degree Expected:		

### ASSIGNMENT (department completes all fields)

Date of Hire:	Salary End Date:	Working Hours: <input type="checkbox"/> 37 ½ <input type="checkbox"/> 40	Physical Working Location:	Supervisor/Timesheet Approver:
Job Title:	FTE %: (represents hours worked)	Department:		Search #:
<b>NOTE: For less than 100% FTE the ANNUAL salary should be the annualized (100%) salary times the FTE percentage. The salary should NOT reflect the annualized 100% salary unless a 100% position.</b>				
<u>Salary:</u> Annual \$ _____ B/W		OR, <u>Hourly</u> Rate (must attach <a href="#">certification form</a> ) \$ _____		

### LABOR DISTRIBUTION (If more lines are needed, continue on Labor Distribution Form)

Project	Task	Award	Organization	Expenditure Type – HR/LD Use Only	Start Date	End Date	FTE on Account	% of Salary

### DECLARATION AND AUTHORIZATION

### HUMAN RESOURCES USE ONLY

<p><i>I accept the position offered, and indicated above, as an employee of The Research Foundation for The 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. I have read State University of New York's <a href="#">Patents, Inventions and Copyright Policy</a> ("SUNY Policy") and RFSUNY's <a href="#">Intellectual Property Policy</a> ("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 the Research Foundation.</i></p> <p>Employee Signature: _____ Date: _____</p> <p>This appointment is consistent with sponsored program terms and conditions and with Research Foundation policies.</p> <p>Project Director/ Co-Project Director _____ Signature _____ Date _____</p> <p>Operations Manager _____ Signature _____ Date _____</p>	<p>I-9 Status <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Resident _____ Work Authorization Date: _____ Mail Stop: _____ notes on reverse <input type="checkbox"/></p> <p>Appointment Type <input type="checkbox"/> Regular <input type="checkbox"/> Postdoc <input type="checkbox"/> Summer <input type="checkbox"/> Extra Service Assignment Category <input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt <input type="checkbox"/> Hourly EE Category <input type="checkbox"/> Admin <input type="checkbox"/> Sponsored Grade _____</p> <p>Student credits/semester _____ Exempt SS/Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No PeopleSoft Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SUNY Salary Verified _____ Form 195(1) _____ App letter _____ Time/Attend _____ Benefit packet _____ Initial review _____ Work Sched attached <input type="checkbox"/> JD attached <input type="checkbox"/> Retro: _____ Accruals? <input type="checkbox"/> Yes <input type="checkbox"/> No CSD review attached <input type="checkbox"/></p> <p>Work Region _____ Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Form logged _____ SUNY ID _____</p>
<p>Additional Campus Signatures as Required</p> <p>Human Resources Signature _____ Date _____</p> <p>_____ Signature _____ Date _____</p>	

Input by \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

LD Input by \_\_\_\_\_ Date \_\_\_\_\_