



# PERSONNEL ACTION FORM

The Research Foundation is an E-VERIFY Employer

RESEARCH FOUNDATION  
THE CITY UNIVERSITY OF NEW YORK  
230 WEST 41<sup>st</sup> STREET  
NEW YORK, NEW YORK 10036

PVN# \_\_\_\_\_

EMPLOYEE SOCIAL SECURITY NO : \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ EMPLOYEE I.D. NO. : \_\_\_\_\_

Print the Employee Name as recorded on the Social Security Card (and Visa where applicable)

LAST NAME FIRST NAME MIDDLE INITIAL

RF Job Title (From PVN)	4 Digit RF Job Code (From PVN)	Salary Category (PVN Grade)	Sponsor's Functional Title
Supervisory Position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employee's Actual Work Location/Campus	Immediate Supervisor

### COLLEGE

- Baruch     City     Hostos     LaGuardia     Queens     York  
 BMCC     CUNY Central     Hunter     Lehman     Queensborough     Other \_\_\_\_\_  
 Bronx     CUNY Law     John Jay     Medgar Evers     RFCO    **Project's**  
 Brooklyn     Grad School     Kingsborough     NY Coll/Tech     Staten Island    **Dept. Association** \_\_\_\_\_

### ACTION TO BE TAKEN

- New Hire (Attach all New-Hire paperwork and send together with this PAF to the Research Foundation)  
**Choose One:**     Direct Deposit     e-Fund Account (for those without a bank account)    **Attach enrollment form(s)**  
 Leave of Absence: **State Type of Leave** \_\_\_\_\_     Return from Leave \_\_\_\_\_  
 Retirement: **Effective Date:** \_\_\_/\_\_\_/\_\_\_    **Last day paid:** \_\_\_/\_\_\_/\_\_\_    **Attach Time & Leave Record** \_\_\_\_\_  
 Other/Comments: **specify** \_\_\_\_\_

**CURRENT STATUS:**     Undergrad     Masters     PhD.     Post Doc     Other \_\_\_\_\_     Not Applicable  
**Visa:**     F1     J1     H1B

Project #	Sub	Yr	Title Code	Start Date	End Date	Rate of Pay	Hrs/P.P.	Encumbrance ↓	RF Use Only ↓
						<input type="checkbox"/> Salary <input type="checkbox"/> Hr			G&C CS Fin
						<input type="checkbox"/> Salary <input type="checkbox"/> Hr			G&C CS Fin
						<input type="checkbox"/> Salary <input type="checkbox"/> Hr			G&C CS Fin

If Recovery and/or Interest Distribution Account, Please Check Purpose:    **Recovery Code** \_\_\_\_\_ (if applicable).

- Grants Administration     Res. Projects & Programs     Specific Training Projects     General Academics

I accept the position and salary described above with the understanding that my employment is subject to availability of funds. I understand that in this position, or any subsequent position, I am an employee of the Research Foundation. I know that this form is NOT a contract of employment; that my employment is not fixed for any period; and that promotions, salary increases or terminations are at the discretion of the Research Foundation. I acknowledge that if I am employed on a project sponsored by the NYC Dept. of Ed. and become subject to an investigation or deemed ineligible by their Div. of Human Resources, I am subject to the immediate termination of my appointment and will not be entitled to receive any additional compensation. I acknowledge that as a condition of employment, I am required, if eligible, to participate in the Foundation's Retirement Program, for which I am attaching a completed enrollment application. I further understand that regular attendance is a requirement for all Foundation employment. I  am  am not employed on another RF project concurrently. I certify that my scheduled hours for this appointment do not conflict with any other concurrent RF appointment or other employment, including a position with CUNY. I understand that any conflicts of this nature will result in the immediate termination of this or any subsequent appointments.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number & E-mail Address \_\_\_\_\_

PROJECT DIRECTOR: Date \_\_\_\_\_ AUTHORIZED SIGNATORY: Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_