



PERSONNEL ACTION FORM

The Research Foundation is an E-VERIFY Employer

RESEARCH FOUNDATION
THE CITY UNIVERSITY OF NEW YORK
230 WEST 41st STREET
NEW YORK, NEW YORK 10036

EMPLOYEE SOCIAL SECURITY NO : ___/___/___ - ___/___ - ___/___/___/___ EMPLOYEE I.D. NO. : _____

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)	PVN Number:	Sponsor's Functional Title
Supervises Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee's Work Location/Campus: Location Effective Date:	Immediate Supervisor	

Bi-WEEKLY WORK SCHEDULE:	WEEK # 1:	M	T	W	Th	F	Sa	Su	WEEK # 2:	M	T	W	Th	F	Sa	Su
	# OF HOURS:															

COLLEGE

- Baruch
- City
- Hostos
- Kingsborough
- NYC College of Technology
- Staten Island
- BMCC
- CUNY Central
- Hunter
- LaGuardia
- Queens
- York
- Bronx
- CUNY Law
- John Jay
- Lehman
- Queensborough
- Other _____
- Brooklyn
- Graduate
- Journalism
- Medgar Evers
- RFCO

ACTION TO BE TAKEN

- New Hire** (Attach all New-Hire paperwork and send together with this PAF to the Research Foundation)
- Rehire**
- Choose One:** **Direct Deposit** **Paymentcard Account** (for those with no bank account) **Attach enrollment form(s)**
- Leave of Absence: **State Type of Leave** _____ **Return from Leave** _____
- Retirement: **Effective Date:** ___/___/___ **Last day paid:** ___/___/___
- Other/Comments: **specify** _____

STUDENT STATUS***:	<input type="checkbox"/> Undergrad	<input type="checkbox"/> Masters	<input type="checkbox"/> PhD	<input type="checkbox"/> Post Doc
VISA:	<input type="checkbox"/> F1	<input type="checkbox"/> J1	<input type="checkbox"/> H1B	<input type="checkbox"/> Other (specify) _____

***IS EMPLOYMENT CONTINGENT UPON MAINTAINING STUDENT STATUS? YES ___ NO ___

Are you currently employed on CUNY Payroll or TAX LEVY? Yes ___ No ___

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 Fin	CS
						<input type="checkbox"/> Salary <input type="checkbox"/> Hr			G&C Fin	CS
						<input type="checkbox"/> Salary <input type="checkbox"/> Hr			G&C Fin	CS

Employee Initials _____

<p>If Recovery and/or Interest Distribution Account, Please Check Purpose:</p> <p><input type="checkbox"/> Grants Administration <input type="checkbox"/> Res. Projects & Programs <input type="checkbox"/> Specific Training Projects <input type="checkbox"/> General Academics</p> <p>Recovery Code # _____ if applicable.</p>

PROJECT DIRECTOR: Date _____

AUTHORIZED SIGNATORY: Date _____

Signature _____ Print Name _____

Signature _____ Print Name _____

Phone _____ E-Mail Address _____

Phone _____ E-Mail Address _____

**Important Information Regarding Your Employment With
The Research Foundation of The City University of New York (RFCUNY)**

Please initial after each statement and complete the signature section at the bottom of this page.

I understand that I may not be currently employed on a CUNY Payroll or Tax Levy position while concurrently employed by the Research Foundation. Initials _____

I am am not employed on another RFCUNY project concurrently. I certify that my scheduled hours for this appointment do not conflict with any other concurrent RFCUNY appointment. I understand that any conflicts of this nature may result in the immediate termination of this or any subsequent appointments. Initials _____

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 RFCUNY. I acknowledge that this Personnel Action Form (PAF) is NOT a contract of employment; that my employment is not fixed for any period or term. Initials _____

I understand that unless otherwise governed by the terms of a collective bargaining agreement, all decisions respecting my employment and terms of my employment, including but not limited to decisions respecting job promotions, salary increases and terminations are at the sole discretion of RFCUNY. Initials _____

I understand that if I am employed in a position that is covered by a collective bargaining agreement between RFCUNY and the Professional Staff Congress which requires the payment of union dues or an agency fee, my failure or refusal to timely pay such union dues or agency fees may result in the termination of my employment. Initials _____

I understand that regular attendance is a requirement for all RFCUNY employment and that I am subject to RFCUNY's policies, procedures, rules and regulations for employees. Initials _____

I acknowledge that I have been informed that RFCUNY is an E-Verify Employer and that as a condition of my employment my work authorization documents will be verified through the Social Security Administration and the Department of Homeland Security. Initials _____

I acknowledge that as a condition of employment with RFCUNY, I must sign a Combined Disclosure Notice and Authorization regarding Background Consumer Reports so that the RFCUNY can conduct a background check on me. All employment is contingent upon the outcome of that background check. Initials _____

I acknowledge that if I am eligible to accrue annual leave, the payment of any remaining balances of time accrued at the end of my appointment is not guaranteed and is subject to sponsor provisions and availability of funds. Initials _____

I acknowledge that if I am employed on a project sponsored by the NYC Dept. of Ed., or any other project sponsor, and am deemed by them to be ineligible to provide services under the project, I am subject to the immediate termination of my appointment and will not be entitled to receive any additional compensation. Initials _____

I acknowledge that where an appointment letter or PAF makes my position contingent on the maintenance of graduate student status, suspension or loss of student status shall constitute sufficient cause for RFCUNY's suspension or termination of my employment. Initials _____

I acknowledge that as a condition of employment, I am required, if eligible, to participate in RFCUNY's Retirement Program. If TIAA-CREF does not receive investment instructions from me via their on-line enrollment process, my plan contributions will be invested in the plan's default investment option. Initials _____

I have been given a copy of this PAF _____
Employee Signature Date

(_____) _____
Telephone Number E-mail Address