RESEARCH FOUNDATION CUNY

RESEARCH FOUNDATION
of The City University of New York
230 West 41st Street
New York, NY 10036-7207

REHIRE ACKNOWLEDGMENT APPLICATION

Complete this form if you are being rehired by a Research Foundation project after a break-in-service. This is mandatory for all rehires and must be included in the rehire packet.

Employees's Name _____ _____
Last First M.I Employee I.D.

Legal Address _____
(P.O. box or school address are not acceptable.) Street Apt. # City State Zipcode

Mailing Address _____
(If different from legal address.) Street Apt. # City State Zipcode

Provide your work address on the line below if living and working out of state.

_____

Email _____ Phone _____

College Name _____ Project # | | | | | | | | | |

Start Date _____ End Date _____ Rate of Pay _____ Hrs./P.P. _____

Are you currently employed on CUNY or tax levy payroll? Yes ☐ No ☐ If yes, a CUNY Multiple Positions Authorization Form must be attached.

Prior Employment Are you a retired state or local employee, receiving a service retirement from NYCERS, NYCTRS, or other New York City or New York State Public Retirement System? Yes ☐ No ☐

When a relative or partner of an RFCUNY employee is being considered for employment with the Foundation, the relationship must be disclosed to the Foundation President or his/her designee. Are you a relative or partner of an active RFCUNY employee? Yes ☐ No ☐

Status of Position

☐ **Regular:** These positions have a predefined work schedule and a predefined appointment period (usually more than 90 days).

☐ **Temporary:** Employees are employed on a full-time or part-time basis for one job only for a set duration of no more than 19 weeks in any 12-month period, have not substantial expectancy of continued employment, and have been notified of this fact. These employees are not eligible for annual leave.

☐ **On Call:** Employees are employed for no more than 19 hours a week, working sporadically with no established pattern of regular continuing employment. They do not have a fixed schedule, are not required to be at or near the work site, can refuse an assignment when offered, and are only paid for actual hours worked. These employees are not eligible for annual leave.

Student Status: ☐ Undergrad ☐ Master ☐ PhD ☐ Post Doc

Is employment contingent upon maintaining student status?
Yes ☐ No ☐

Is this a Graduate Research Assistant (GRA) appointment? If yes, proof of full-time matriculated status as a CUNY Doctoral student MUST be attached.
Yes ☐ No ☐

Military Service Record

1. Have you ever served in the armed forces? Yes ☐ No ☐ Dates of Active Duty: From _____ To _____

2. If you are a disabled Veteran or a Vietnam Veteran and would like to be so identified under our Affirmative Action program, please indicate by circling:

Disabled Veteran ☐ Vietnam Era Veteran ☐ Special Disabled Veteran ☐ Other Protected Veteran ☐ Newly Separated Veteran

1. Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? ☐ Yes ☐ No
2. Can you perform these essential functions of the position for which you are applying? If no, please explain on a separate sheet of paper. ☐ Yes ☐ No
3. Are you legally eligible for employment in the United States? ☐ Yes ☐ No
4. Have you ever been convicted of, pled guilty to, or 'no contest' to: (a) Felony? ☐ Yes ☐ No
   (b) Misdemeanor ☐ Yes ☐ No
   (If "Yes" Check the appropriate Jurisdiction below) ☐ State Court ☐ City Court ☐ Federal Court
   (c) Traffic Violation (other than a minor violation*) ☐ Yes ☐ No
   (d) Denied a Bond? ☐ Yes ☐ No

*Driving without a license, DWI, DUI, reckless, and 'hit and run' are not 'minor' violations.
**If yes to any or all of the questions in section 4, you must explain, in detail, on a separate sheet of paper.

*

_____ _____ _____ _____
Project Director or Authorized Signatory Date Employee Signature Date

*I understand that Research Foundation policy requires that employees utilize their accumulated leave within the period of their appointment. I agree that I will meet with the employee within 30 days of hire to schedule said leave. Should the employee fail to use their accumulated leave, regardless of reason, I understand that such other accounts that I or the college may have at the Research Foundation will be liable for any annual leave-related expenses that cannot be covered by the sponsor(s) on whose award(s) this employee is paid and that the Research Foundation will have no responsibility to cover the costs of such leave.

Note: All employees must complete both W-4 and IT-2104 (or IT-2104E). Students are not automatically exempt from paying taxes. Please read instructions on the withholding forms before forwarding to the Research Foundation, or contact the IRS for additional information. Non-Resident aliens should contact the Payroll Manager for any special tax considerations.

Important Information Regarding Your Appointment with the Research Foundation of The City University of New York (RFCUNY)

Please initial each statement in the space provided and complete the signature at the bottom of this page.

	Initials
I am ☐ I am not ☐ appointed on another RFCUNY project concurrently. (See PAF page 1 if appointed concurrently.)	
I certify that my scheduled hours for this appointment do not conflict with any other concurrent RFCUNY appointment or other appointment including a CUNY or Tax Levy position. I understand that any conflicts of this nature may result in the immediate termination of this or any subsequent appointments.	
I accept the position and salary described above with the understanding that my appointment is subject to availability of funds. I understand that in this position, or any subsequent position, I am a hire of RFCUNY. I acknowledge that this Personnel Action Form is NOT a contract of appointment and that my appointment is not fixed for any period or term.	
I understand that unless otherwise governed by terms of a collective bargaining agreement, all decisions respecting my appointment is at the sole discretion of RFCUNY.	
I understand that if I am appointed 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 any agency fee, my failure or refusal to timely pay such union dues or agency fees may result in the termination of my appointment.	
I understand that regular attendance is a requirement for all RFCUNY appointment and that I am subject to RFCUNY policies, procedures, rules and regulations.	
I acknowledge that I have been informed that RFCUNY is an E-Verify Employer and that as a condition of my appointment my work authorization documents will be verified through the Social Security Administration and the Department of Homeland Security.	
I acknowledge that I will use any annual leave earned within my appointment period before the end of my appointment. I will meet with my Principal Investigator within 30 days of the start of my appointment to discuss and schedule my annual leave.	
I acknowledge that as a condition of appointment with RFCUNY, I must sign a disclosure notice and authorization for a background check. The background screening procedure applies to all prospective Full-Time and Part-Time A employees. Existing Full-Time and Part-Time A employees will be screened upon promotion or rehire after a break in service. It also applies to prospective Part-Time B and Graduate Research Assistant (GRA) employees in positions that have contact with vulnerable populations. A standard background check consists of a social security trace and a review of pertinent criminal history records and sexual offender registries. A consumer credit check is conducted only if the employee will have fiduciary or signatory authority over funds of $10,000 or more. A motor vehicle search will be conducted only if the employee will be required to drive a vehicle during work hours. In addition, RFCUNY administers programs that are funded by the US Government, either directly or as pass-throughs. Pursuant to Executive Order 13224, new hires and rehires are checked against lists of restricted parties maintained by the US General Services Administration (GSA), US Office of Foreign Assets Control (OFAC), and the System for Award Management (SAM), among others, to determine their eligibility to receive federal funds through the Research Foundation. I understand that my appointment is contingent upon the outcome of these checks.	
I acknowledge that if I am appointed on a project sponsored by the NYC Dept. of Ed., NYC HHC 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.	
I acknowledge that if my duties and responsibilities expose me to confidential, private or proprietary information, I agree to maintain such information in confidence and not to disclose it other than to RFCUNY employees or its agents who have a legitimate business need to know.	
I acknowledge that where an appointment letter or Personnel Action Form 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 appointment.	
I acknowledged that I am ☐ I am not ☐ an active matriculated Full Time doctoral student in a CUNY bench science program (Biology, Biochemistry, Chemistry, and Physics) or the engineering program at City College.	
I certify that my job duties and responsibilities do not involve childcare and/or day care.	
I certify that my job duties and responsibilities do not involve chauffeuring and/ or security enforcement.	
I acknowledge that I have received a copy of RF Policy No. 548, Combating Trafficking in Persons, and agree to its terms.	
I acknowledge that I have received the “Notice of Employee Rights” under the “NYC Earned Safe & Sick Time Act (Paid Safe & Sick Leave Law).”	
I acknowledge that I have received a copy of RF Policy No. 535, Drug Free Workplace, and agree to its terms.	
I acknowledge that I have received a copy of RF Practice and Procedure concerning Confidential Information, and agree to its terms.	
I acknowledge that I have received information under the "NYS Paid Family Leave Act" which includes the "Statement of Rights for Paid Family Leave, the Employee Opt-Out of Paid Family Leave Form, and the Paid Family Leave Filing Instructions."	
I acknowledge that I have received a copy of the “Employee Rights under the Family and Medical Leave Act”	
I acknowledge that I have received the “Stop Sexual Harassment Act Factsheet” under the “NYC Human Rights Law”	

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