



## PERSONNEL ACTION FORM

Employee I.D # \_\_\_\_\_  
(For RFCUNY use only)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Employee name as recorded on Social Security card (and Visa where applicable)

RF Job Title (from PVN) \_\_\_\_\_ 4 Digit RF Job Code from PVN  Sponsor's Functional Title \_\_\_\_\_

Supervises Employees? ☐ Yes ☐ No PVN#  Immediate Supervisor \_\_\_\_\_

Bi-Wkly Work Schedule	Wk. 1	M	T	W	Th	F	Sa	Su		Wk. 2	M	T	W	Th	F	Sa	Su
Hours per day																	

### Work Location

☐ Baruch ☐ City ☐ CUNY CAT ☐ CUNY SPH ☐ Hunter ☐ Lehman ☐ Queens ☐ Staten Island  
☐ BMCC ☐ CN Jrnlsm ☐ CUNY Central ☐ CUNY SPS ☐ John Jay ☐ Macaulay Honors ☐ Queensborough ☐ York  
☐ Bronx ☐ CUNY 311 ☐ CUNY Law ☐ Graduate ☐ Kingsborough ☐ Medgar Evers ☐ RFCO  
☐ Brooklyn ☐ CUNY ASRC ☐ CUNY SLUS ☐ Hostos ☐ LaGuardia ☐ NYC College of Technology ☐ S&C Guttman

Employee's physical work location/campus if not the campus selected above \_\_\_\_\_

### Action to be Taken

☐ New Hire (Attach new-hire paperwork from RFCUNY's website to avoid outdated forms and send together with this PAF to the Research Foundation)  
☐ Leave of Absence: Type of Leave \_\_\_\_\_ Date Leave Began \_\_\_\_\_ Date Returned From Leave \_\_\_\_\_  
☐ Other/Comments \_\_\_\_\_

### 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 no 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 hours actually worked. These employees are not eligible for annual leave.

Student Status <input type="checkbox"/> Undergrad <input type="checkbox"/> Master <input type="checkbox"/> PhD	Is employment contingent upon maintaining student status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Visa Status <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> H1 B	Is this a Graduate Research Assistant (GRA) appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify) _____	If yes, proof of full-time matriculated status as a CUNY Doctoral student must be attached.
	Is this a Postdoctoral trainee appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is the employee also employed on CUNY or Tax Levy Payroll? Yes ☐ No ☐ If yes, a CUNY multiple positions authorization form must be attached.

Bi-Weekly Hrs/P.P.

<38=PT-B/GRA

>39-69=PT-A

>70=Full Time

Salary Encumbrance

Salary plus fringe rate and MTA tax

Project#	Sub	Year	TitleCode	Start Date mm/dd/yy	End Date mm/dd/yy	Rate of Pay	Salary	Hrly	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee Initials \_\_\_\_\_

\*  
Project Director Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Authorized Signatory \_\_\_\_\_ Print Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ 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.



**Acknowledgment of RFCUNY Employment Terms & Conditions**

**Important Information regarding your appointment with the Research Foundation of The City University of New York (RFCUNY)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Employee I.D. # \_\_\_\_\_

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

Statement	Initials
I acknowledge that I must comply with the rules and policies applicable to the worksite to which I am assigned.	
____ I am ____ I am not appointed on another RFCUNY project 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 this position and salary described 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 my employment 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 rehiring 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 has fiduciary or signatory authority over funds of \$10,000 or more. A motor vehicle search will be conducted only if the employee is 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. In compliance with the restricted parties screening provisions under the Office of Foreign Assets Control (OFAC), all current, new hire, and rehire employees will be checked against lists of restricted parties maintained by the US General Services Administration (GSA), US Office of Foreign Assets Control (OFAC), the System for Award Management (SAM), among others, to determine they are eligible to receive payments/funds through the Research Foundation.	
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 in accordance with the RFCUNY confidential information policy.	
I acknowledge that where an appointment letter 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 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 Acknowledgment of RFCUNY Employment Terms & Conditions.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_