



# GUIDELINES FOR COMPLETING RESEARCH FOUNDATION PERSONNEL ACTION FORMS



## FORM: Employee Appointment Form

### GENERAL GUIDELINES:

- All forms should be completed by the Department and forwarded to the Human Resources department **prior** to the employee's start date.
- Forms need to be completed **in full** prior to being forwarded to Human Resources (except the Employee Signature portion). If a department needs guidance in completing forms, they should contact the Recruiter with whom they are working with in Human Resources for assistance. Grayed out fields are for HR/Payroll use only, please do not complete.
- All forms need to be signed by the Project Director or Designee who has signing privileges for the Grant/PTA that the employee is being appointed to.
- If the Employee is being appointed to multiple Grants/PTA's, then **one** Appointment form is completed and additional Employee Change Forms are needed for the additional accounts.

### FIELD GUIDELINES:

#### PEOPLE / ADMINISTRATIVE DATA

FIELD	EXPLANATION	REQUIRED?
Social Security No.	Please have employee bring a copy of their Social Security Card to the Payroll Office on their start date.	Y
Name	Name must match Social Security records exactly	Y
Effective Date	Employee's first day on payroll	Y
Previously Employed by the Research Foundation	Indicate if they have ever been employed by the Research Foundation at <b>any</b> location.	Y
If Yes, indicate year of Termination	What year was the employee previously terminated.	If Applicable
Sex		Y
Date of Birth		Y
Ethnic Origin		Y
US Citizenship Status		Y
Country of Citizenship		Y – If Non-Citizen
Visa Type	Please have the employee bring all relevant immigration paperwork to Payroll Office on their start date.	Y – If Non-Citizen
I-9/Work Authorization Expiration Date	Date through which the employee is eligible to work.	Y – if Non-Citizen
Veteran Status	See back of form for list of codes	Y
Education Level Reached	See back of form for list of codes	Y
Full-Time SUNY Student?	Are they registered as a Full-Time student at ANY SUNY campus?	Y
SUNY Campus Attending	Name of campus attending	If Applicable
Degree & Date Expected	What Degree level are they pursuing & the expected date of graduation. See back of form for list of codes.	If Applicable

U.S. ADDRESS		
U.S. Address		Y
ASSIGNMENT		
Organization / Department	Department the employee will be working in.	Y
Job / Title	The position title the employee is being appointed to. Contact Human Resources for correct title phrasing.	Y
Title Code	4 digit title code for the employee's title (ie R168), contact Human Resources for correct title code.	Y
Grade	Salary grade of the employee's title. Contact Human Resources for the correct Salary Grade Code (ie. E79, N06).	Y
FTE / Percentage of Time	<ul style="list-style-type: none"> <li>• Total percentage of time the employee is being hired to work. (ie 100%, 50%, etc).</li> <li>• If the employee is being appointed to multiple Grants/PTA's...then on this appointment form, write the <b>TOTAL</b> percentage, then break down what applies to this Grant/PTA in the Account Data section. (ie, if 100% on 2 grants, write 100% in this field and 50% in the PCT FOR THIS GRANT field in the Account Data area).</li> <li>• An employee's total percentage must be a whole percentage (ie 43% not 42.75%). However, if their funding is split between multiple grants, those grant percentages may be fractions of the whole (ie, 100% split between 3 grants as 33.25%, 25.25% &amp; 41.50%)</li> </ul>	Y
Employee Group / Appointment Type	<ul style="list-style-type: none"> <li>• An employee can only be <b>one</b> type.</li> <li>• If the employee is being appointed to a student title, select the proper type based on their education level. (ie, Graduate or Undergraduate).</li> <li>• Summer appointments are 4 month temporary appointments between May 1 and September 30. An <b>END DATE must</b> be specified in the Account Data area for all summer appointments.</li> <li>• Extra Service appointments require additional paperwork, contact Human Resources for additional information.</li> <li>• An employee is either a student or summer, <b>not both</b>. If they are a SUNY student appointed to a student title, then they will not be classified as summer.</li> </ul>	Y
Work Week Basis	<ul style="list-style-type: none"> <li>• Select the hour basis that is consistent with your departmental needs.</li> <li>• Exempt employee's are always classified as 40 hours.</li> </ul>	Y
Employment Category / Pay Basis	Based on the employee's position and title. Contact Human Resources for further classification.	Y
Supervisor	Please list the employee's direct supervisor.	Y
Work Location	Please list where the employee will be physically located.	Y

<b>SALARY</b>		
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Total Annual / Hourly	<ul style="list-style-type: none"> <li>• Complete <b>either</b> the Annual or Hourly section based on the employee's position and departmental needs.</li> <li>• If Annual, write the total amount they will be paid, rounded to the nearest whole dollar.</li> <li>• If less than full-time, write their <b>actual</b> salary, not the full-time equivalent.</li> <li>• If paid from multiple Grants/PTA's, write the <b>total</b> salary on the appointment form (all Grants combined), then write the amount for this Grant/PTA in the Account Data section. The additional Salary information should then be completed on the separate Employee Change Form(s).</li> </ul>	Y
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**\*\*\* IMPORTANT \*\*\***

**When completing the Account Data area, please make sure you are using the correct and total PTA number. Most PTA/Grants update on a yearly basis, please make sure you are using the most current account numbers.**

<b>LABOR DISTRIBUTION / ACCOUNT DATA</b>		
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Project	7 digit project code	Y
Task	1 or 2 digit task code	Y
Award	6 digit award code	Y
Grant #	Equivalent Campus Grant number, if available (ie 1233M, 1633L). Contact Research Payroll for more information.	Optional
# of Grants	What is the total number of Grants/PTA's this employee is being appointed to?	Y
Pct for this Grant	What Percentage of the employee's total percentage is paid from this Grant/PTA? (ie, 25% of 100%)	Y – if applicable
Salary for this Grant	What is the actual portion of the employee's salary that is paid from this Grant/PTA? (ie, \$10,000 of \$40,000 if this grant pays 25% of their total salary).	Y – if applicable
End Date	<ul style="list-style-type: none"> <li>• Enter an encumbrance end date, if necessary, or,</li> <li>• Leave blank for an open-ended appointment.</li> <li>• An End Date <b>must</b> be specified for all summer appointments.</li> </ul> <p>NOTE:</p> <ul style="list-style-type: none"> <li>• If <b>ANY</b> date is placed in this box, a follow-up Employee Change Form is required to make any changes / extensions.</li> <li>• An End Date will not terminate an employee, a follow-up Employee Change Form is required for all termination's.</li> <li>• Also, it is the Departments responsibility to monitor any Grant/PTA end dates that exist and provide HR/Payroll with the necessary Employee Change Forms, in a timely manner, so that every employee is properly funded by their respective Grant/PTA.</li> </ul>	Y

<b>DECLARATION AND AUTHORIZATION</b>		
Employee Signature	The employee must sign and agree to all stated policies before they can be appointed to the Research Foundation. This section may be completed on or before the employee's start date.	Y
<b>APPROVALS</b>		
Project Director / Authorized Designee	<ul style="list-style-type: none"> <li>• The Project Director (or Designee) with signing privileges for this Grant/PTA must sign this form <b>prior</b> to being forwarded to Human Resources.</li> <li>• It is the Project Director's responsibility to verify that this position complies with all conditions and terms of their Grant/PTA.</li> </ul>	Y
Operations Manager	The Operations Manager or Designee will complete this portion. (Accounting Department)	N
Accounting Manager	The Accounting Manager or Designee will complete this portion. (Accounting Department)	N
Department Contact for questions	Please list a departmental contact that is familiar with this appointment and can answer detailed questions regarding this form.	Y