



Date of RFMH Appointment: ___/___/___

Oracle Generated Assignment # _____

Prior Retirement Service Credit: Yes ___ No ___

PERSONAL INFORMATION

Last Name : _____ First Name: _____ Middle Initial: _____ Gender: Male Female

Social Security Number: ___-___-_____ Date of Birth: ___/___/___ Title: Mr. Ms. Mrs. Dr.

Work e-mail address: _____

Employee Primary Language: English Spanish French Other (indicate) _____

EMPLOYMENT INFORMATION

Ethnic Origin: Hispanic or Latino of any race Native Hawaiian or Other Pacific Islander
 Black or African American White
 American Indian or Alaskan Native Asian
 Two or More Races

Nationality: Non-Citizen in US on VISA VISA TYPE _____ Visa Expiration Date: ___/___/___
 Permanent Resident US Citizen

Country of Birth (if other than the United States) _____

Veteran Status: Not a Veteran Veteran If yes, Veteran form completed

EDUCATIONAL INFORMATION

Educational Level: High School College Degree Information: Associates Bachelors
 Masters MD PHD

If MD, a Professional Liability Questionnaire must be completed and approved prior to being placed on RFMH Payroll.

Employee Given Questionnaire on: Date ___/___/___ Date Completed Packet sent to Central Office for Review: ___/___/___

OFFICE LOCATION INFORMATION

Building Address: Street: _____
City: _____ Zip Code: _____
Room/Suite: # _____
Floor: # _____

ADDRESS INFORMATION

Place of Residence : _____
(Please no PO Boxes)

City: _____ State : _____ Zip: _____

Home Telephone Number: (___) ___ - _____ Work Telephone Number: (___) ___ - _____

Employee Name: _____

ASSIGNMENT INFORMATION (To be completed by Department of Local Personnel/Payroll Office)

Organization (Department): _____

Employment Category: Non Exempt Regular Exempt Regular Hourly

Grade:
E. _____
N. _____

If Exempt please indicate Exemption: Administrative Professional Highly Compensated
 Computer

Location: _____

Supervisor: _____

Percentage of Full-Time Effort: _____ % Legacy Department code: _____

Standard Conditions: 37.5 40 35 Voucher Required for payment: Yes No

If less than 100% Effort indicate the actual number of hours to be worked bi-weekly: _____

Salary Basis: Hourly Salaried

Salary Information

Base Annual Salary: \$ _____ + Location Pay \$ _____ = Total Annual Salary \$ _____

TITLE INFORMATION

(From Most Recent RFMH Salary Plan Document)

Business Card Title : _____ Lab Non Lab

Oracle Series Title: _____

Prior Service Retirement Information

Were you previously employed at any of the following:

New York State Department of Mental Hygiene or any component agencies including the New York State Office of Alcoholism and Substance Abuse Services, New York State Department of Mental Health or the New York State Office for People with Developmental Disabilities Yes No

An accredited college or university in the United States Yes No

A private nonprofit research institution organized as a 501 (c) (3) Corp. in the United States Yes No

LABOR SCHEDULE INFORMATION

Local Account	Project	Task	Award	Organization	Expenditure Type	End Date	%

I accept the position indicated above as an employee of the Research Foundation for Mental Hygiene, Inc. I understand this position is subject to final approval by Research Foundation and is terminable at will. I also agree to abide by all policies and regulations of the Research Foundation.

Employee Signature: _____ Date: ___ / ___ / ___

By signing below as the Project Director you are certifying that there are funds available in the account to support this assignment. Additionally, you are certifying that the individual being appointed is not a relative of yours and to the best of your knowledge is not related to anyone currently employed by the Research Foundation for Mental Hygiene, Inc. or the New York State Department of Mental Hygiene.

Signature of Project Director: Date ___/___/___

Institute Director Signature Date ___/___/___

Oracle Input by: _____ Date: ___/___/___ Form revised July 2012

