***Summer Faculty Appointment Letter – for use for SUNY Faculty Summer Appointments During the Summer Period Only***

***[CAMPUS LOCATION]***

[DATE]

[NAME]

[ADDRESS]

[ADDRESS]

Dear [NAME]:

Welcome to The Research Foundation for the State University of New York (Research Foundation) at [CAMPUS LOCATION]. You have been appointed to a summer appointment as a [DESCRIPTIVE TITLE and RF POSITION TITLE] in the [DEPARTMENT] effective [DATE OF APPOINTMENT] at a biweekly rate of $[BIWEEKLY RATE] at [FTE] percent of time. This position is considered [EXEMPT/NONEXEMPT] for purposes of wage and hour law. You will be paid on a biweekly basis (every other Friday). If you have any questions, please contact [CONTACT NAME/NUMBER].

You will receive additional materials concerning fringe benefits and paid time off accruals for which your appointment may be eligible. Fringe benefits are provided by the Research Foundation under rules in effect on the start date of appointment and are subject to change as approved by the Research Foundation Board of Directors.

***New York State Paid Family Leave***

New York State’s Paid Family Leave (PFL) provides job-protection and income replacement to eligible employees who need to be away from work to care for a seriously ill family member, bond with a child or for issues related to a qualifying deployment. RF employees working 20 or more hours per week are eligible for coverage after 26 consecutive weeks of employment. Employees who work less than 20 hours per week are eligible after completing 175 days worked. The state has required that ***all employees will pay for the coverage through payroll deductions, unless a PFL waiver is submitted and approved***. If you believe your appointment will not meet the eligibility criteria then you may submit a waiver form to opt out of the program and payroll deductions for review. The waiver form is located at <https://www.ny.gov/sites/ny.gov/files/atoms/files/PFLWaiver.pdf>.

***Retirement Credit for Prior SUNY Service***

You may be able to receive credit for prior SUNY service in meeting service requirements for participation and vesting in the RF Basic Retirement Plan. In order to ensure that any eligible service is counted, please make sure to complete the [Request for Retirement Service Credit](http://www.rfsuny.org/media/RFSUNY/Forms/Prior_Service_Credit_Form.pdf) form by **xx/xx/xxxx**. If the form is not completed timely, contributions may only be given on future summer appointments.

As an employee of The Research Foundation for the State University of New York, a private, nonprofit corporation, independent from the State of New York and The State University of New York, you are subject to all Research Foundation policies. Your employment may be ended at any time, with or without cause, either by your decision or that of the Research Foundation.

This appointment is contingent upon proof of identity and employment eligibility. If this is your first summer appointment with the RF, you are required by federal law to complete an “Employment Authorization Verification” form (I-9) and show the necessary identification documentation and complete the Form I-9tno later than three days after the date of your appointment. [INSERT CAMPUS DEPARTMENT HANDLING FORM I-9 COMPLETION] can provide you with information regarding acceptable forms of documentation to confirm identity and employment eligibility, which could include an unexpired U.S. passport or valid driver’s license and either a social security card or birth certificate, among other documents. Please be aware that only original, unexpired documents may be accepted.

We look forward to having you as part of our team. Should you have any questions regarding any of the above information, please do not hesitate to contact me at [INSERT CONTACT NUMBER or EMAIL ADDRESS].

Sincerely,

[NAME]

[TITLE *(OM or Designee)*]

***I hereby acknowledge that I have read and received the information contained in this letter and accept this position as outlined above:***

**(Signature*)* (Date)**