

NEW EMPLOYEE ORIENTATION CHECKLIST AND CERTIFICATION OF RECEIPT

As a Research Foundation employee, you are entitled to receive information regarding your employment. This information is included on the following checklist and will be provided to you upon hire or as part of your employee orientation program. After reviewing the information that has been checked, please sign and date the certification of receipt statement. A copy will be given to you for your records.

To Be Given To All Employees:		To Be Given To Employees Eligible for Benefits:		
	Appointment Letter Employee Assignment Form Employment Eligibility Verification Form (I-9) Payment Method Form IRS Employee's Withholding Allowance Certificate (W-4) NYS Certificate of Exemption from Withholding (IT 2104E) (when applicable) NYS Employee's Withholding Allowance Certificate		Benefits Handbook (including addenda) Regular Employee Summary of Fringe Benefits Insurance Enrollment Form Prescription Drug Programs Information (brochure, order envelope, order form) Enrollment Kit for the RF's Health Insurance Plan HMO Materials Consumer's Medical Resource Brochure NCQA Health Portal Description	
	(IT 2104) Request for Retirement Credit Based on Prior NonSUNY Employment (when applicable) Request for Retirement Credit Based on Prior SUNY	To I Ben	Be Given To Graduate Student Employees Eligible for efits	
	Service (when applicable) Employee Handbook Employee Work Schedule Information (as provided by supervisor)		Graduate Student Employee Health Plan (GSEHP) Enrollment Form Graduate Student Employee Health Plan (GSEHP) Member Handbook	
	Bloodborne Pathogens Notice (when applicable to location or position) Statement of Policy on Equal Employment Opportunity Policy on Employment of Disabled Individuals Policy on the Employment of Special Disabled and Vietnam Era, and Other Protected Veterans		Graduate Student Dental Plan Brochure Graduate Student Summary of Benefits Graduate Student Vision Care Booklet Flexible Benefits Program Guidelines for Graduate Student Employees Participant Waiver Form for Graduate Student Employees	
	Policy on Nondiscrimination on the Basis of Age Policy on Nondiscrimination on the Basis of Sexual Orientation Statement of Policy on Sexual Harassment		Be Given to Salaried Employees Only (with Regular, eekly pay)	
	Procedure for Resolving Allegations of Discrimination Procedure for Solving Problems in the Workplace Conflict of Interest Policy Statement	□ Opti	Flexible Spending Accounts Handbook ional Information for all Employees:	
	Drug-Free Workplace Policy Statement Patent Policy Statement SUNY Computer Software Policy Statement Patent Waiver and Release Agreement Qualified Transportation Benefits Program Information and Waiver of Pretax Parking Deduction New York's College Savings Program Brochure Notice of Privacy Practices		Educational Assistance Policy Campus or Operating Location's Smoking Policy Employee Assistance Program (EAP) Information Savings Bond Enrollment Card Check Distribution Information Campus Holiday Schedule Payment Method Additional Direct Deposit Information	
	I certify that I have received a copy of the above-listed informational booklets and policy statements that provide details about my employment and benefits.			
Employee Name			Date	
Original - Personnel File		Copy	//Duplicate - Employee	