Report of External Employment for Classified Staff

Employee/Candidate: Please complete sections A-D regarding your CUNY employment and external employment, both full-time and part-time. Carefully read the attestation in section E and sign the bottom. Once it has been completed and signed, please submit this to the Human Resources Department of the CUNY college at which you are primarily employed or to which you have applied.

All information on this form is subject to verification. Please be advised that you are required to resubmit this form with updates if there are any changes to your external employment.

A. Employee Information

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Date Completed</th>
</tr>
</thead>
</table>

B. CUNY Primary Position

<table>
<thead>
<tr>
<th>Title:</th>
<th>Department:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Regular Work Schedule</th>
<th>Number of Hours per Week</th>
<th>Date of Appointment</th>
</tr>
</thead>
</table>

C. CUNY Secondary Position

<table>
<thead>
<tr>
<th>Title:</th>
<th>Department:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Regular Work Schedule</th>
<th>Number of Hours per Week</th>
<th>Date of Appointment</th>
</tr>
</thead>
</table>
C. External Employment

Employer:

Address:

Telephone & Fax Numbers:

Job Title:

Department:

Supervisor Name & Title

<table>
<thead>
<tr>
<th>Regular Work Schedule</th>
<th>Number of Hours per Week</th>
<th>Date of Appointment</th>
</tr>
</thead>
</table>

D. No External Employment

___ I have no external employment. I understand that if I plan to obtain external employment, I must contact the HR Department of my school and submit an updated "Report of External Employment for Classified Staff" form BEFORE I begin the external employment.

E. Employee Attestation

By my signature below, I declare and affirm that the information submitted above is true and complete. I acknowledge that my full-time position at CUNY is my primary employment. I understand that any misrepresentation or material omission of facts in this form shall be a sufficient basis for ending further consideration of my application, or, in the event I have already been hired, shall constitute sufficient cause for disciplinary action, which may result in a penalty up to and including termination of employment.

________________________________________
Signature

________________________
Date
Sections E & F &G are for Office Use Only

F  Supervisor/Department Head Approval:

___  Approve: I have reviewed this employee’s CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY’s policy regarding external employment.

___  Do Not Approve: I have reviewed this employee’s CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY’s policy regarding external employment for the following reason(s):

__  there is a conflict of interest between the two positions
__  there is an overlap in scheduled working hours
__  there is not adequate time allocated for travel between the positions

Comments:

Signature________________________________________Date:__________________

Print Name________________________________________Title_____________________________________

G  Human Resources Director Approval:

___  Approve: I have reviewed this employee’s CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY’s policy regarding external employment.

___  Do Not Approve: I have reviewed this employee’s CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY’s policy regarding external employment for the following reason(s):

__  there is a conflict of interest between the two positions
__  there is an overlap in scheduled work hours
__  there is not adequate time allocated for travel between the positions

Comments:

Signature________________________________________Date:__________________

Print Name________________________________________Title_____________________________________
Presidential Approval for External Full-Time Positions:

___ Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two full-time positions and that the situation is in compliance with CUNY’s policy regarding external employment.

___ Do Not Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s):

___ there is a conflict of interest between the two positions
___ there is an overlap in scheduled work hours
___ there is not adequate time allocated for travel between the positions

Comments:

Signature_________________________________________Date:_________________

Print Name _______________________________________________________________

Please return to the HR Director

Retain original document in employee file