

**THE CITY UNIVERSITY OF NEW YORK
CITY COLLEGE
PERSONNEL ACTION FORM**

Date _____

TYPE OF APPOINTMENT	CATEGORY	WAIVERS	SEPARATIONS	TYPE OF LEAVE	LEAVE STATUS
<input type="checkbox"/> Initial	<input type="checkbox"/> Instructional (Annual)	<input type="checkbox"/> ByLaw	<input type="checkbox"/> Resignation	<input type="checkbox"/> Fellowship	<input type="checkbox"/> With Pay
<input type="checkbox"/> Reappointment	<input type="checkbox"/> Instructional (Hourly)	<input type="checkbox"/> Search	<input type="checkbox"/> Transfer to	<input type="checkbox"/> Retirement/Travia	<input type="checkbox"/> W/O Pay
<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Other	<input type="checkbox"/> Retirement	<input type="checkbox"/> Temporary	<input type="checkbox"/> With Increm
<input type="checkbox"/> Transfer to: _____	<input type="checkbox"/> NonTax Levy	_____	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Disability/FMLA	<input type="checkbox"/> W/O Increm
<input type="checkbox"/> Transfer from: _____	<input type="checkbox"/> Provisional	_____	<input type="checkbox"/> Termination	<input type="checkbox"/> Special	<input type="checkbox"/> With Pension
<input type="checkbox"/> Salary Changes	<input type="checkbox"/> Permanent	_____	<input type="checkbox"/> Non-Reappointment	<input type="checkbox"/> Military	<input type="checkbox"/> W/O Pension
<input type="checkbox"/> Other	<input type="checkbox"/> Temporary Provisional	_____	<input type="checkbox"/> Temporary Provisional	<input type="checkbox"/> Leave to Serve in another title	
	<input type="checkbox"/> Probationary		<input type="checkbox"/> Other	<input type="checkbox"/> SLOAC	
	<input type="checkbox"/> Tenure			<input type="checkbox"/> Other	

Name _____ Dept. _____

Home Address _____ Payroll Title _____

_____ Functional Title _____

Home Telephone _____ Position # _____

Social Security # _____ FAS # _____

Date of Birth _____ I-9 Form _____

Emergency Contact _____ Dept. Supervisor _____

Relationship (optional) _____ Employee Ext. _____ CCNY E-Mail _____

Effective Date: From _____ To _____ Work Location: BLDG _____ Room # _____

Salary _____ Per Year # of Hours _____ Professional Hours _____ Total Hours _____

Per Hour

Gender: Decline to Self-Identify Female Gender Non-Conforming Male Non-Binary Transgender

Ethnic Background: American Indian Black Asian/Pacific Islander White Hispanic Hispanic PR Italian American

U.S. Citizen: Yes No

Resident Alien: Visa Type _____ Country of Birth _____

Veteran Status: Yes No

HIGHEST DEGREE	MAJOR	DATE	INSTITUTION

Currently a matriculated CUNY Student: Graduate Undergraduate No

If yes, College or Unit _____ Program _____

Full Time Part Time

Concurrent CUNY employment: Yes No

If yes, Title: _____ Department: _____ College: _____

Prior City Service (including CUNY) Yes No

Retired from City Service (New York City or New York State) Yes No (if yes, attach details)

Print/Type Name: _____ Date _____

PERSONNEL OFFICE/DEAN

Signature: _____ Date _____

SIGNATURE

_____ Date _____

BUDGET DIRECTOR/DESIGNEE

Comments: _____