

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

Date \_\_\_\_\_

<b>TYPE OF APPOINTMENT</b>	<b>CATEGORY</b>	<b>WAIVERS</b>	<b>SEPARATIONS</b>	<b>TYPE OF LEAVE</b>	<b>LEAVE STATUS</b>
<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"/> Provisional	_____	<input type="checkbox"/> Termination	<input type="checkbox"/> Special	<input type="checkbox"/> With Pension
<input type="checkbox"/> Transfer from:	<input type="checkbox"/> Permanent	_____	<input type="checkbox"/> Non-Reappointment	<input type="checkbox"/> Military	<input type="checkbox"/> W/O Pension
_____	<input type="checkbox"/> Temporary Provisional		<input type="checkbox"/> Temporary Provisional	<input type="checkbox"/> Leave to Serve in another title	
<input type="checkbox"/> Salary Changes	<input type="checkbox"/> Probationary		<input type="checkbox"/> Other	<input type="checkbox"/> SLOAC	
<input type="checkbox"/> Other	<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 _____ <input type="checkbox"/> Per Year <input type="checkbox"/> Per Hour			Professional Hours _____ Total Hours _____		
# of Hours _____					

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:** \_\_\_\_\_