

TYPE OF APPOINTMENT	CATEGORY	WAIVERS	SEPARATIONS	TYPE OF LEAVE	LEAVE STATUS
If Other Appointment:		If Other Waiver:		Leave Percentage:	

Name _____ <small>(First Name) (Last Name)</small>	Dept. _____
Home Address _____	Payroll Title _____
Postal Code: _____ State: _____	Functional Title _____
Home Telephone _____	CF Position# _____
Social Security # or EMPL/N# _____	PS Position# _____ BL# _____
Date of Birth _____	Combo Code/FAS# _____
Emergency Contact _____	Supervisor Name _____
Relationship (optional) _____	Supervisor CCNY E-Mail _____
Effective Date: From _____ To _____	Employee Personal E-mail _____
Salary _____ <small>Per Hour Per Year Differential</small>	Employee Ext. _____
Appointed Hours _____	Work location:BLDG _____ Room# _____
Professional Hours _____	
Total Hours _____	

Gender: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_

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 o No (If yes, attach details)			

Prepared by: \_\_\_\_\_ Date \_\_\_\_\_  
Print Name SIGNATURE

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Print Name SIGNATURE

Comments: