

PRESS FIRMLY

THE CITY UNIVERSITY OF NEW YORK
CITY COLLEGE
PERSONNEL ACTION FORM

Date _____

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

* Home Address _____ Payroll Title PERSON OF INTEREST (POI)

_____ 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 _____ Per Hour Total Hours _____

* Sex: Male Female * Married: Yes No

* 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 Discharge Papers _____

Special Disabled Vietnam Other

* 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: _____