

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"/> Non-Tax, 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 \_\_\_\_\_  Per Year # of Hours \_\_\_\_\_ Professional Hours \_\_\_\_\_ Total Hours \_\_\_\_\_

Per Hour

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: \_\_\_\_\_