

THE CITY UNIVERSITY OF NEW YORK  
CITY COLLEGE  
PERSONNEL ACTION FORM

Date \_\_\_\_\_

<b>TYPE OF APPOINTMENT</b> <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	<b>CATEGORY</b> <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	<b>WAIVERS</b> <input type="checkbox"/> ByLaw <input type="checkbox"/> Search <input type="checkbox"/> Other    	<b>SEPARATIONS</b> <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   	<b>TYPE OF LEAVE</b> <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	<b>LEAVE STATUS</b> <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)

\* Home Telephone \_\_\_\_\_ Functional Title \_\_\_\_\_

\* Social Security # \_\_\_\_\_ Position # \_\_\_\_\_

\* Date of Birth \_\_\_\_\_ FAS # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ I-9 Form \_\_\_\_\_

Relationship (optional) \_\_\_\_\_ \* Dept. Supervisor \_\_\_\_\_

\* Effective Date: From \_\_\_\_\_ To \_\_\_\_\_ Employee Ext. \_\_\_\_\_ \* CCNY E-Mail \_\_\_\_\_

Salary \_\_\_\_\_  Per Year  Per Hour # of Hours \_\_\_\_\_ Work Location: BLDG \_\_\_\_\_ Room # \_\_\_\_\_

Professional Hours \_\_\_\_\_ 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: \_\_\_\_\_