

**THE CITY COLLEGE
PERSONNEL ACTION FORM - D
PART-TIME NON-INSTRUCTIONAL PERSONNEL**

PART I - Employee Information (Completed By Department)

DEPARTMENT	CONTACT NAME	PHONE EXTENSION		
CUNY Employment Application <input type="checkbox"/> Attached <input type="checkbox"/> On File Appointment Type <input type="checkbox"/> New Appointment <input type="checkbox"/> Disencumber <input type="checkbox"/> Reappointment <input type="checkbox"/> Salary Change <input type="checkbox"/> Add Hours <input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> End of Assignment <input type="checkbox"/> Other _____	I-9 Form <input type="checkbox"/> Attached <input type="checkbox"/> On File <input type="checkbox"/> College Assistant <input type="checkbox"/> IT Hourly _____ SPECIFY LEVEL	Direct Deposit Form <input type="checkbox"/> Attached <input type="checkbox"/> On File Payroll Title <input type="checkbox"/> Disability Specialist (Hourly) <input type="checkbox"/> Student Aide		
LAST NAME	FIRST NAME	MIDDLE NAME	LAST FOUR # OF SSN	PHONE NUMBER
HOME ADDRESS	APT. #	CITY	STATE	ZIP CODE

Demographic Information

Ethnicity	Gender	DATE OF BIRTH	United States Citizen	United States Permanent Resident
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Italian American <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Marital Status	COUNTRY OF BIRTH	VISA TYPE	EXPIRATION DATE
	<input type="checkbox"/> Married <input type="checkbox"/> Single	_____	_____	_____
		Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
			DISCHARGE PAPERS	

Education Information

HIGHEST DEGREE	MAJOR	DATE	INSTITUTION
_____	_____	_____	_____
Currently a CUNY Student? <input type="checkbox"/> No <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate			
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

IF YES, NAME OF COLLEGE			
Concurrent CUNY Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____			TITLE

IF YES, NAME OF COLLEGE			

Part II - Budget Information

Source of Funds _____ Tax Levy Non-Tax Levy

ACCOUNT NUMBER _____

REQUESTED START DATE	END DATE	SUGGESTED HOURLY RATE	IF NEW SALARY, PLEASE INDICATE EFFECTIVE DATE OF SALARY	WORK HOURS PER YEAR
_____	_____	_____	_____	_____

Name of Department Head or Chairperson _____

Signature _____ Date _____

Part III - Office of On-Campus Student Employment

OCSE Officer/ Designee _____ Date _____

Part IV - Payroll Services

_____	+	_____	+	_____	=	_____
WORK HOURS PER YEAR		SICK LEAVE HOURS		ANNUAL LEAVE HOURS		TOTAL HOURS ENCUMBERED

LINE NUMBER	PROCESSED BY	DATE
_____	_____	_____