

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"/> NonTax, Levy	_____	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Disability/FMLA	<input type="checkbox"/> W/O Increm
<input type="checkbox"/> Transfer from: _____	<input type="checkbox"/> Provisional	_____	<input type="checkbox"/> Termination	<input type="checkbox"/> Special	<input type="checkbox"/> With Pension
<input type="checkbox"/> Salary Changes	<input type="checkbox"/> Permanent	_____	<input type="checkbox"/> Non-Reappointment	<input type="checkbox"/> Military	<input type="checkbox"/> W/O Pension
<input type="checkbox"/> Other	<input type="checkbox"/> Temporary Provisional	_____	<input type="checkbox"/> Temporary Provisional	<input type="checkbox"/> Leave to Serve in another title	
	<input type="checkbox"/> Probationary	_____	<input type="checkbox"/> Other	<input type="checkbox"/> SLOAC	
	<input type="checkbox"/> Tenure	_____		<input type="checkbox"/> Other	

Name \_\_\_\_\_ Dept. \_\_\_\_\_

Home Address \_\_\_\_\_ Payroll 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 ☐ Per Hour # of Hours \_\_\_\_\_ 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: \_\_\_\_\_

PREPARED BY (please print and sign): \_\_\_\_\_