

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
--	--	---	---	--	--

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 # 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

BUDGET DIRECTOR/DESIGNEE
Date _____
Comments: _____
PREPARED BY (please print and sign): _____