## THE CITY UNIVERSITY OF NEW YORK CITY COLLEGE PERSONNEL ACTION FORM

Date	
Date	

TYPE OF APPOINTMENT   Initial   Reappointment   Return to Duty   Transfer to:	CATEGORY  Instructional (Annual) Instructional (Hourly) Civil Service NonTax, Levy Provisional Permanent Temporary Provisional	WAIVERS  ByLaw Search Other	SEPARATIONS  Resignation Transfer to Retirement Cancellation Termination Non-Reappointment Temporary Provisional	TYPE OF LEAVE    Fellowship   Retirement/Travia   Temporary   Disability/FMLA   Special   Military   Leave to Serve in	LEAVE STATUS  ☐ With Pay ☐ W/O Pay ☐ With Increm ☐ W/O Increm ☐ With Pension ☐ W/O Pension	
☐ Salary Changes☐ Other	☐ Probationary ☐ Tenure		☐ Other	another title  SLOAC Other		
Name			Dept			
Home Address	:		Payroll Title			
			Functional Title			
Home Telephone			Position #			
Social Security #			FAS #	ANALYSIA AND ANALYSIA ANALYSIA AND ANALYSIA ANALYSIA AND ANALYSIA ANALY		
Date of Birth			I-9 Form			
Emergency Contact			Dept. Supervisor	Dept. Supervisor		
Relationship (optional)			Employee Ext.	CCNY E-Mail		
Effective Date: From	To		Work Location: BLDG	F	Room #	
Salary	☐ Per Year — ☐ Per Hour # of Ho	urs	Professional Hours	Total Hou	ırs	
Sex: ☐ Male ☐ Female I	Married: ☐ Yes ☐ No ·	ne contrario di sintro di Sillico de Considente i Porre Mandrey Resigni e Porre (Mandre Sillico de Considente i A vivo qualico de Vivo (Mandre Considente i Sillico del Considente i Considente i Sillico de Considente del C		ot passe assume institucione de considerá de Codo, prepara de mentre assumente de Codo, que de Codo de Codo, prepara de Codo,		
Ethnic Background:   Americ	an Indian 🗆 Black 🗀 Asiar	/Pacific Islander	☐ White ☐ Hispanic ☐ Hispan	nic PR 🛭 Italian America	an	
U.S. Cltizen:  Yes No			0 4 (8)4			
Veteran Status:   Vesa Type			Country of Birth _		•	
Special Disabled   Vietna						
		оруну рос ангализи поскан кирих уни истіт несайдел негочерійні селей негочерійні г		adminimiense isa britista entitisatele iso saku hinai määri akoperdatellistökkolista vinnimatensilleit dislimiyas-ekomoolikai Pi		
HIGHEST DEGREE	MAJOR		DATE	INSTITUTION		
Currently a matriculated CUNY	Student: Graduate U	ndergraduate 🗆	No			
If yes, College or Unit			Program			
☐ Full Time ☐ Part Time						
Concurrent CUNY employment	: 🗆 Yes 🗆 No					
If yes, Title:	Departm	ent:	Colle	ge:		
Prior City Service (including	CUNY) 🗆 Yes 🗆 No					
Retired from City Service (N	lew York City or New York Sta	ate) □ Yes □ N	o (If yes, attach details)			
MPRONESSESSESSESSESSESSESSESSESSESSESSESSESS	Replación de describir a consequença entoria integratamente, en distribución caración a comención de describir					
Print/Type Name:	PERSO	ONNEL OFFICE/DEAN		Date		
				Date		
Signature:		SIGNATURE		Date	· · · · · · · · · · · · · · · · · · ·	
· ·				Date		
	BUDGET	DIRECTOR/DESIGNE				
Comments:						
PREPARED BY (please print a	and sion).					