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## REPORT OF EXTERNAL EMPLOYMENT FOR CLASSIFIED STAFF

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Employee/Candidate: Please complete sections A-D regarding your CUNY employment and external employment, both fulltime and part-time. Carefully read the attestation in section E and sign the bottom. Once it has been completed and signed, please submit this to the Human Resources Department of the CUNY college at which you are primarily employed or to which you have applied.

All information on this form is subject to verification. Please be advised that you are required to resubmit this form with updates if there are any changes to your external employment.

**Conflicts which arise unexpectedly over work hours may be resolved by the College's Director of Human Resources in favor of the University.**

### A. EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### B. CUNY Employment

#### CUNY Primary Position

Title: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Regular Work Schedule: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

#### CUNY Secondary Position

Title: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Regular Work Schedule: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_



**C. EXTERNAL EMPLOYMENT**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone & Fax Numbers: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Regular Work Schedule: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

**D. NO EXTERNAL EMPLOYMENT**

I have no external employment. I understand that if I plan to obtain external employment, I must contact the HR Department of my school and submit an updated "Report of External Employment for Classified Staff" form BEFORE I begin external employment.

**E. EMPLOYEE ATTESTATION**

By my signature below, I declare and affirm that the information submitted above is true and complete. I acknowledge that my full-time position at CUNY is my primary employment. I understand that any misrepresentation or material omission of facts in this form shall be a sufficient basis for ending further consideration of my application, or, in the event I have already been hired, shall constitute sufficient cause for disciplinary action, which may result in a penalty up to and including termination of employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**SECTIONS E & F & G ARE FOR OFFICE USE ONLY**

**F. SUPERVISOR/DEPARTMENT HEAD APPROVAL**

**Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY's policy regarding external employment.

**Do Not Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s):

There is a conflict of interest between the two positions.

There is an overlap in scheduled working hours.

There is not adequate time allocated for travel between the positions.

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (*printed*): \_\_\_\_\_ Title: \_\_\_\_\_

**G. HUMAN RESOURCES DIRECTOR APPROVAL**

**Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY's policy regarding external employment.

**Do Not Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s):

There is a conflict of interest between the two positions

There is an overlap in scheduled work hours

There is not adequate time allocated for travel between the positions

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (*printed*): \_\_\_\_\_ Title: \_\_\_\_\_



#### H. PRESIDENTIAL APPROVAL FOR EXTERNAL FULL-TIME POSITIONS

**Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two full-time positions and that the situation is in compliance with CUNY's policy regarding external employment.

**Do Not Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s):

There is a conflict of interest between the two positions

There is an overlap in scheduled work hours

There is not adequate time allocated for travel between the positions

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (*printed*): \_\_\_\_\_

Title: \_\_\_\_\_

Please return to the HR Director.

Retain original document in employee file.