

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		I-9 Form <input type="checkbox"/> Attached <input type="checkbox"/> On File		Direct Deposit Form <input type="checkbox"/> Attached <input type="checkbox"/> On File	
Appointment Type				Payroll Title	
<input type="checkbox"/> New Appointment	<input type="checkbox"/> Disencumber	<input type="checkbox"/> College Assistant		<input type="checkbox"/> Disability Specialist (Hourly)	
<input type="checkbox"/> Reappointment	<input type="checkbox"/> Salary Change	<input type="checkbox"/> IT Hourly		<input type="checkbox"/> Student Aide	
<input type="checkbox"/> Add Hours	<input type="checkbox"/> Resignation				
<input type="checkbox"/> Termination	<input type="checkbox"/> End of Assignment				
<input type="checkbox"/> Other _____				SPECIFY LEVEL	
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"/> Male			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asian American	<input type="checkbox"/> Female				
<input type="checkbox"/> Black					
<input type="checkbox"/> Hispanic	Marital Status	COUNTRY OF BIRTH	VISA TYPE	EXPIRATION DATE	
<input type="checkbox"/> Italian American	<input type="checkbox"/> Married				
<input type="checkbox"/> White	<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			
IF YES, NAME OF COLLEGE			TITLE

Part II - Budget Information

Source of Funds _____		<input type="checkbox"/> Tax Levy <input type="checkbox"/> 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 _____
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Part IV- Payroll Services

$\text{WORK HOURS PER YEAR} + \text{SICK LEAVE HOURS} + \text{ANNUAL LEAVE HOURS} = \text{TOTAL HOURS ENCUMBERED}$			
LINE NUMBER	PROCESSED BY	DATE	