

THE CITY UNIVERSITY OF NEW YORK
MULTIPLE POSITION REPORT FOR FULL-TIME FACULTY

This form must be completed by all full-time faculty, including full-time substitutes, in the Fall and Spring semesters.

- **Please read the Statement of Policy on Multiple Positions, prior to completing this form and consult with the College Labor Designee, if you have any questions regarding the Policy.**
- **This form must be completed, and the necessary approvals secured, before the faculty member assumes a multiple position assignment and must be updated, whenever changes in commitments occur during the semester.**

If more space is needed, please attach additional sheets using the same format.

Date	<input style="width: 95%;" type="text"/>	Semester	<input style="width: 95%;" type="text"/>	Year	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>	College	<input style="width: 95%;" type="text"/>		
Title/Tenure Status	<input style="width: 95%;" type="text"/>	Department	<input style="width: 95%;" type="text"/>		

Certification by Faculty Member (Complete Part A or Part B)

Part A: I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at College

I certify that I have no compensated or uncompensated employment, consultative or other work, grant-funded or otherwise, in addition to my regular full-time employment at the above college. I understand that the failure to complete this form fully and accurately could subject me to various penalties, up to and including termination of employment, following any applicable disciplinary proceedings.

Select Sign yourself to sign:

Date _____

If Part A is completed: No further action is required of the college

Part B: I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at College

I certify that (check all applicable statements):

In addition to my regular full-time assignment at the College, I have supplementary employment, consultative or other work for extra compensation (including grant-funded activities), **within CUNY** for which complete information follows. **(If you check this statement, complete Section B. 1.)**

In addition to my regular full-time assignment at the College, I have supplementary compensated or uncompensated employment, consultative or other work for extra compensation (including grant-funded activities), **outside of CUNY** for which complete information follows. **(If you check this statement, complete Section B. 2.)**

My activities are within the limits set by the Multiple Position regulations.

My activities are above the limits set by the Multiple Position regulations and a waiver to permit activities **within CUNY** has been approved by the Office of Human Resources Management. **(Note: Waivers are not applicable for Section B.2.)**

I certify that I have fully and accurately disclosed information in Section B. 1 and B. 2, which includes all compensated and uncompensated employment, consultative or other work, grant-funded or otherwise, within and outside CUNY, in addition to my full-time employment at the College.

I understand that the failure to complete this form fully and accurately could subject me to various penalties, up to and including termination of employment, following any applicable disciplinary proceedings.

Select Sign yourself to sign

Date _____

B. 1. CUNY - Current Semester (Only report **compensated** activities that are **not** part of your regular full-time position).

** Source of compensation may include tax-levy, Research Foundation or other college non-tax levy entities.*

Add additional pages, if necessary.

TEACHING (Include activities in the Winter Session with Fall semester activities)

College Department

Course # Course Title Hours/Weekly

From Date To Date Hours/Semester

College Department

Course # Course Title Hours/Weekly

From Date To Date Hours/Semester

NON TEACHING (Include activities in the Winter Session with Fall semester activities)

College Department

Description of Assignment Hours/Weekly

From Date To Date Hours/Semester

College Department

Description of Assignment Hours/Weekly

From Date To Date Hours/Semester

OTHER (Include activities in the Winter Session with Fall semester activities)

College Department

Description of Assignment Hours/Weekly

From Date To Date Hours/Semester

B. 2. Compensated and Uncompensated Employment, Consultative or Other Work Outside of CUNY - Current Semester

Add additional pages, if necessary.

Employer/Institution/Organization

Address City State Zip Code

Tel.:

Nature of Work


From Date To Date No. of hours/week Uncompensated Compensated

Section B 1: Approvals should follow campus practice

Department Chairperson Approval

- I certify that the hours reported in Section B. 1 are within the limits set by the University's Multiple Position Policy. I recommend approval.
- I certify that the hours reported in Section B. 1 are above the limits set by the University's Multiple Position Policy. I recommend approval, subject to approval by the President / Designee and OHRM. **(An overload waiver request must be submitted to OHRM)**
- I do not recommend approval of the hours reported in Section B. 1.

Name Date _____

select  Sign yourself to sign

If consistent with campus practice:

- Date of P & B Meeting The Department Personnel and Budget Committee recommends approval of the activities listed in Section B. 1
- The Department Personnel and Budget Committee does **not** recommend approval of the activities listed in Section B.1


Section B 2: Department P & B Approval

- Date of P & B Meeting The Department Personnel and Budget Committee recommends approval of the activities listed in Section B. 2
- The Department Personnel and Budget Committee does **not** recommend approval of the activities listed in Section B.2

Department Chairperson Approval

- I certify that the activities and hours reported in Section B. 2 are within the limits set by the University's Multiple Position Policy. I recommend approval. (Limited to an average of one day a week, or its equivalent over the course of the academic year).
- I do not recommend approval of the activities and hours reported in Section B. 2.

Name Date _____

Select  Sign yourself to sign

President/Designee Action:

Section B.1: Within CUNY Section B. 2: Outside CUNY

Approved Approved

Other Action /Comments

Signature of President or Designee Date _____

Select  Sign yourself to sign _____