



Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu
199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Dear New Employee

Welcome to BMCC. Attached are a variety of documents concerning your appointment to the college that you need to be aware of or must complete. Please read these materials carefully and provide all of the requested information as quickly as possible.

The offer of this employment is conditional upon satisfactory completion of all verifications, including but not limited to confirmation of academic and professional credential, necessary employment and background checks.

Please be advised, that the primary vehicle of the departmental communication with departmental faculty is through the faculty member's department mailbox. For this reason, you are required to check your mailbox each day you are on campus. This will ensure your timely receipt of important department and college notices.

We hope you will enjoy your experience at the college. Best wishes for a productive and successful career at BMCC.

Sincerely,

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.....J wo cp'Tguqwtegu''



Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

To: CANDIDATES FOR ADJUNCT POSITION
From: HUMAN RESOURCES
Subject: APPOINTMENT AND PAYROLL AND PROCESSING

When you accept an offer of employment with the Borough of Manhattan Community College, you must present ORIGINAL documents as outlined in the attached.

Under federal law, you are required to complete and sign an Employment Eligibility verification form (form I-9) in the presence of a designated representative in the Human Resources Office, Room S-717. You must complete the Adjunct Employment Packet and submit the required employment authorization documents to Human Resources by the start date of your appointment.

In addition, other documents for your appointment include the following:

1. All appointment forms (see attached)
The Constitutional Oath is required for employment.
2. Social Security Card, for payroll purposes.
3. An Official college/university transcript of your highest earned degree. This original transcript must have the seal of the institution. Transcripts are not required for Adjunct College Lab technicians.
4. Your resume
5. Two reference letters

All persons hired as adjuncts are initially processed by the Office of Human Resources either as an adjunct lecturer or adjunct assistant professor based on the hire information submitted by the department and official transcripts. The adjunct must present their official college/university transcript of their highest earned degree to the Office of Human Resources as soon as possible.

Special rules apply for placement at the Adjunct Associate Professor title and Adjunct Professor Title (see *Policy on Hiring Adjuncts as Adjunct Assistant Professor, Adjunct Associate Professor and Adjunct Professor*, which is included in the adjunct hiring packet.)

The Timing of your initial salary check will be based on the above process and our receipt of the completed Personnel Action Form (PAF) from your department. If you have any questions about the appointment or payroll process, please call us at (212) 220-8300.

Thank you.



Adjunct Packet Checklist

When you accept an offer of employment with the Borough of Manhattan Community College, you must present the documents as outlined below.

- Proof of Identity and Employment Eligibility (original and unexpired documents)

Under federal law, you are required to complete and sign an Employment Eligibility Verification form (Form I-9) in the presence of a designated representative in the Human Resources Office, Room S717. You must complete the College Assistant Employment Packet and submit the required employment authorization documents to Human Resources within three (3) days of receiving your appointment letter, or, if your start date is within three days of being hired, you must submit the documents immediately. If the I-9 is not completed by the above time frame, you must stop work immediately until you comply.

Social Security Card (for payroll purposes)

Fully completed, signed, and dated new hire packet

Official Transcript of highest earned degree (sealed envelope or E-Transcript) directly from the school

(Transcripts are not required for Adjunct College Lab technicians.)

Direct Deposit WITH voided check OR letter from the bank OR bank statement

Resume

Two (2) Reference Letters

Please take time to familiarize yourself with the following Important Policies and Procedures on the HR website:

- [Important information for Adjuncts](#)
- [Adjunct Benefits](#)
- [Frequently Asked Questions](#)
- [Faculty & Staff Guide to Vaccination Verification](#)

PSC Union Website: [Professional Staff Congress \(PSC\)](#)

The timing of your initial paycheck will be based on the process and our receipt of the above documents. If you have any questions about your appointment or payroll process, please call us at 212-220-8300.

By signing below, I acknowledge that I have received, and familiarized myself with the above policies and agree to abide by their requirements.

Print Name

Date

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)	Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office	State	ZIP code
		Married, but withhold at higher single rate <input type="checkbox"/>
Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.		

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes No

Are you a resident of Yonkers? Yes No

Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)	1	
2 Total number of allowances for New York City (from line 31, if using worksheet)	2	

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	3	
4 New York City amount	4	
5 Yonkers amount	5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

Employer: Keep this certificate with your records.

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

A Employee claimed more than 14 exemption allowances for New York State A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions):

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.

Note: Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)	Employer identification number
---	--------------------------------

Scan here



**Borough of Manhattan Community College
Office of Human Resources Personnel
Information Form**

Name (print) _____

Social Security Number _____

Date of Birth _____

Title _____

Department _____

Date of Appointment _____

Select one of the following Male Female Transgender Gender Nonconforming Non-Binary
 A gender not listed X Not Specified (removing gender information)

Ethnicity:

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Italian American | |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ |

U.S. Citizen: Yes No **If you are not a U.S. Citizen,**

Of what country are you a citizen? _____

What type of VISA are you holding: _____ **Expiration Date:** _____

Are you a Veteran? Yes No **If you are a veteran, please specify:**

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Active Reserve | <input type="checkbox"/> Disabled | <input type="checkbox"/> Disabled Vietnam Era |
| <input type="checkbox"/> Inactive Reserve | <input type="checkbox"/> Retired | <input type="checkbox"/> Vietnam Era |

Home Address: _____
 (print) _____

Telephone Number: _____ E-Mail Address _____

Emergency Contact: _____ Relationship: _____

Address: _____

Telephone Number: _____ Alternate Phone Number: _____

Education:	Degree	Major	Date Earned	Institution
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To be completed by the Office of Human Resources

I-9 Date: _____ Work Authorization Expiration Date: _____ Staff Initial _____ Date: _____

Review the following important Policies and Procedures by opening the links provided.

- CUNY [Sexual Misconduct](#) Policy
- [Notice of Non-Discrimination](#)
- [CUNY Policies and Procedures on Equal Opportunity & Non-Discrimination](#)
- [Reasonable Accommodation Policy](#)
- Office of Compliance and Diversity [Informational Packet](#)
- CUNY [Lactation Room](#) Policy
- [Annual Security Report](#)
- [CUNY Policy on Drug and Alcohol](#)
- [Acceptable Use of Computer Resources](#)
- [Children on Campus](#)
- [Time Off for Religious Observance](#)
- [Student Bill of Rights](#)

Additional [Policies and Procedures](#) are available on the BMCC/HR and [Office of Diversity](#) websites for your examination.


The college is committed to ensuring a discriminatory free environment, where all persons are treated fairly and with respect regardless of his/her protected status. The [Office of Compliance & Diversity](#) is dedicated to promoting an open and inclusive environment, addressing complaints as they arise, creating programs which promote diversity and awareness and ensuring that the college complies with all applicable policies and laws.

Odelia Levy, Esq. is the college's Chief Diversity Officer. She also serves as the Coordinator for Title 504. You may reach Ms. Levy at olevy@bmcc.cuny.edu or (212) 220-1236.

Theresa B. Wade, Esq. is the college's Deputy Director of Diversity & Title IX Compliance and can be reached at twade@bmcc.cuny.edu or (212) 220-1273.

To file a complaint of unlawful discrimination or harassment, including sexual harassment, please contact Ms. Levy or Ms. Wade.

By signing below, I acknowledge that I have received, accessed, and familiarized myself with the above policies and reviewed the additional policies available on the BMCC website before commencing employment and agree to abide by their requirements.

Select  Sign yourself to sign

Signature

Date

Print Name



Human Resources

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AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT

(In compliance with Section 62 of the New York State Civil Service Law)

"I hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York and that I will faithfully discharge the duties of the Position of _____ according to the best of my ability"

Name: _____

Select  **Sign yourself to sign** _____

Address: _____

Date: _____



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART ONE

Last Name: _____

First Name: _____

College: _____

Department: _____

Check here if you are a CUNY Doctoral Student

Important Notice to Applicants

Our Commitment to Diversity

Diversity and inclusion are core values of The City University of New York (CUNY or The University). We believe adherence to these values creates an environment that best allows our students, faculty and staff to learn, work and succeed. As a University, we strive to respect differences, but more importantly, we seek to leverage the talents of all members of the University community in order to foster academic and administrative excellence. These values make CUNY a great place to learn and work!

Notice of Non-Discrimination

It is the policy of the University-applicable to all colleges and units-to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students without discriminating on the basis of actual or perceived race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender, gender identity, marital status, partnership status, disability, genetic information, alienage, citizenship, military or veteran status, pregnancy, status as a victim of domestic violence/stalking/sex offenses, unemployment status, caregiver or familial status, prior record of arrest or conviction, or any other legally prohibited basis in accordance with federal, state and city laws. This policy is set forth in CUNY's *Policy on Equal Opportunity and Non-Discrimination*.

CUNY's *Policy on Sexual Misconduct* prohibits all forms of sexual misconduct, including sexual harassment, gender harassment and sexual violence.

It is also the University's policy to provide reasonable accommodations and academic adjustments, when appropriate, to individuals with disabilities, individuals observing religious practices, individuals who have pregnancy or child birth-related medical conditions and victims of domestic violence/stalking/sex offenses.

Inquiries or complaints relating to CUNY's *Policy on Equal Opportunity and Non-Discrimination* should be addressed to the College's Chief Diversity Officer. Inquiries or complaints relating to CUNY's *Policy on Sexual Misconduct*, or about sex discrimination, should be addressed to the College's Title IX Coordinator or to the Office for Civil Rights of the United States Department of Education.

Disability Accommodation Available for Applicants

If you require an accommodation for a disability in order to participate in the selection process, please contact the College's Office of Human Resources.

Clery Act

CUNY complies with the Clery Act. Copies of each college's *Annual Security Report*, which include security policies and crime statistics, are available in the Office of Public Safety and on each campus' website.

Military Service

If you are claiming preference for military service, you will be required to submit an original DD 214 along with verification of your disciplinary record.

Professional References

Current and former employers may be contacted for verification of any and all information stated in this application or obtained during any phase of the selection process. In order for CUNY to obtain this information, please complete the *Authorization to Release Reference Information* form agreeing to hold any and all of your reference sources harmless and free of any liability for releasing information CUNY deems relevant to determining whether to employ you.

Applicants who do not want their current employer to be contacted prior to receiving an offer of employment are required to make such a request and provide reasoning.

To further CUNY's commitment to compensate its employees fairly and equally for the work they do, CUNY will not inquire about an applicant's current or prior compensation history.



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The City University of New York New York, NY 10007-1097
www.bmcc.cuny.edu tel. 212-220-8300
fax 212-220-2364

Primary: Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Secondary: Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Name (Print) _____ Department _____

Signature _____ Date _____



HelpDesk

helpdesk@bmcc.cuny.edu

Borough of Manhattan Community College
City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel: 212-220-8379
fax: 212-220-2363

New Hire Account Request Form

Your OFFICIAL NAME must be used on this form. Please PRINT or TYPE all information.

Personal Information

Full Name: _____
Last _____ *First* _____ *M.I.* _____

DOB: _____ Last 4 SSN: _____

Job Information

Job Title: _____ Department: _____

Department's Ext.: _____ Employee ID: _____

New/ Old Ext. Line: _____ Room #: _____

Hired By BMCC.....[] Research Found...[]

Position/Function Full Time.....[] Part Time.....[]

Faculty.....[] Staff.....[] Student-Staff.....[]

New Account (s) Computer.....[] Email.....[] Phone/Voicemail...[] Copy/Print.....[]

Room Acs/Keys _____

Comments: _____

Approval

Please provide ONE signature of approval before returning This Form to the Help Desk, Room S-141

Vice-president: _____
Last _____ *First* _____ *Date* _____ *Signature* _____

Director/Manager: _____
Last _____ *First* _____ *Date* _____ *Signature* _____

Chairperson: _____
Last _____ *First* _____ *Date* _____ *Signature* _____

Any missing or unclear information will result in a delay in the process.

OFFICE USE ONLY

Date Received: _____

Received By: _____

Date Completed: _____

Completed By: _____

AD/Email	Copy/Print	Access/Keys
Telephony	Web Directory	Others