THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART THREE
CERTIFICATION OF NEW YORK STATE OR NEW YORK CITY PUBLIC SERVICE
CERTIFICATION OF COLLECTION OF PUBLIC PENSION FUNDS

Under the New York State Retirement and Social Security Law, retirees collecting a pension from New York State or New York City cannot (with certain exceptions) work at the University and continue to collect their pension. Accordingly, The City University of New York requires individuals seeking University employment to disclose their public employment and pension plan history for the purpose of establishing eligibility for employment. An employee who fails to disclose such information will be subject to appropriate action, which may include disciplinary action to terminate their employment and/or suspension or diminution of the retiree's public pension benefits.

Note: *Retirees who are under age 65 and are collecting a pension may receive an annual income of up to $30,000 (Thirty thousand only) in a position in public employment without diminution of their pension benefits.*

1. Candidates for employment must submit this form at the time of hire, prior to any appointment
2. All full-time and part-time employees are responsible for submitting this form, should their status change
3. Adjuncts who are retirees must submit this form every semester in which their employment continues

Last Name: _____ First Name: _____ Middle Initial: _____

College: _____ Department: _____

Contract Title: _____ Full Time ☐ Part Time ☐

Current Positions in Public Service *(please check appropriate box)*

☐ I am **not** currently working for another public service agency, organization or jurisdiction funded by New York City or New York State, not have I worked at any such entity during the calendar year.

☐ I am **now** working for another public service agency, organization or jurisdiction funded by New York City or New York State.

Name of Employer: _____

☐ I am a statewide elected official of New York State.

☐ I am a New York State Legislative employee.

☐ I am a member of the New York State Legislature.

☐ I am a New York State officer or employee *(other than CUNY employee)* and I receive compensation other than on a per diem basis.

Prior Positions in Public Service *(please check appropriate box)*

☐ I have **no prior** service with a public service agency, organization or jurisdiction funded by New York City or New York State.

☐ I am a **former** employee of _____ of the City/State of New York and:

☐ I **am collecting** a retirement benefit from a public pension system *(including ORP)* maintained by the State or City of New York.

Name of Pension Plan: _____

☐ I **am not** collecting retirement benefits based upon this public service.

I hereby attest that the information I have provided above is correct to the best of my knowledge.

Signature: _____ Date: _____

Office of Human Resources

Name: _____ Date: _____

Signature: _____