

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		Semester		Year	
Name		College			
Title/Tenure Status		Department			

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.

Signature _____ 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.

Signature _____ 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 Signature _____ Date _____

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 Signature _____ Date _____

President/Designee Action:

Section B.1: Within CUNY

Approved

Section B. 2: Outside CUNY

Approved

Other Action /Comments

Signature of President / Designee _____ Date _____