



OFFICE OF HUMAN RESOURCES (OHR)

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THE CITY UNIVERSITY OF NEW YORK: FORM 210

Certification of Prior NYS or NYC Public Service

Collection of Public Pension Funds:

Calendar Year _____

Dear CUNY Job Candidate:

The New York State Retirement and Social Security Law requires retirees of a public pension plan within the State or City of New York to disclose prior public employment and pension plan history to the City University of New York for the purpose of establishing a retiree's eligibility for employment. Failure to disclose such information can result in the suspension or diminution of the retiree's public pension benefits.

INSTRUCTIONS: Please complete Sections A, B and C as they pertain to you, and then sign the bottom portion of the form. A copy of this form will be required to be submitted prior to any appointment decision made by the college. You are responsible for forwarding a copy of the signed form to the college personnel office. (Adjuncts who have checked #2 in Section B must submit this form every semester in which their employment continues)

Section A

Name (last, first) Social Security Number

Position Applied for College

Section B: Affidavit of Prior Service (Please check the one which applies to you):

- 1) I have no prior service with a public service agency, organization or jurisdiction funded by New York City or New York State;
2) I am a former employee of of the City/State of New York:
3) I am collecting a retirement benefit from a public pension system (including an ORP) maintained by the State or City of New York (please provide pension plan name)
4) I am not collecting a retirement benefit based upon this public service;

Section C: Current Positions in Public Service

(Please check one of the following only if you checked #2 in Section B):

- 1) I am not currently working for another public service agency, organization or jurisdiction funded by New York City or New York State, nor have I worked at any such entity during the calendar year;
2) I am now working for, or have worked for during the calendar year, another public service agency, organization or jurisdiction funded by New York City or New York State (please provide details of this employment):

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

Signature: Date:

Witnessed by: Title: Date:
Department Official

Received by: Title: Date: