

Self Service

Navigate to your self service information and activities.



Review Transactions

Review transactions that you submitted for approval.



Payroll and Compensation

Review your pay and compensation history.

[View Work Study Paycheck](#)

[Compensation History](#)

[View Work Study W-2/W-2c Forms](#)



Manage Delegation

Delegate authority for self-service transactions, and review and revoke delegation requests.



Personal Information

Review and update your personal information.

[Personal Information Summary](#)

[Home and Mailing Address](#)

[Phone Numbers](#)

[9 More...](#)



Learning and Development

Add or review information about profiles of skills and competencies, interest lists, training and development.

[My Profile](#)

[My Job Profiles](#)

[Profile Approval History](#)

[Training Summary](#)



Job Information

Review and update your job information.

[Separation/Retirement Request](#)



Recruiting Activities

Recruiting Activities


[Browse Job Opening](#)


[Careers](#)

[Interview Calendar](#)

Personal Information

Review and update your personal information.

 [Personal Information Summary](#)
Review a summary of your personal information.


 [Email Addresses](#)
Add or update your email addresses.

 [Name Change](#)
Review or update your name information.

 [Disability](#)
Add or update disability status.


 [Home and Mailing Address](#)
Review and update your home and mailing addresses.


 [Emergency Contacts](#)
Add or update your emergency contact information.


 [Ethnic Groups](#)
Add or update ethnic groups, or specify your primary ethnic group.

 [CUNY Alert Preferences](#)
Update your CUNY Alert Preferences.

 [Phone Numbers](#)
Add or update phone numbers, or specify your primary phone number.

 [Marital Status](#)
Update your marital status.

 [Veteran Status](#)
Add or update protected veteran status, and identify classifications of which you belong to.

 [NYS Voter Registration](#)
Register to vote

Ethnicity

CUNY is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, CUNY invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Questions 1 & 2

1) Are you Hispanic or Latino? [Detail](#)

Yes

No

2) What is your Race or Ethnicity? Select any that apply. [Detail](#)

American Indian or Alaska Native

Asian

Black or African American

Italian American

Native Hawaiian or Other Pacific Islander

Puerto Rican

White

[Update Information](#)

Question 3

3) What is your Ancestry or Ethnicity?

Ethnic Groups	
Ethnic Group	Delete

[Add an Ethnic Group](#)

[Update Information](#)

Veteran Status

▼ Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12965.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the appropriate option below.

I belong to the following classifications of protected veterans (choose all that apply):

- Disabled Veteran
- Recently Separated Veteran
- Active Duty Wartime or Campaign Badge Veteran
- Armed Forces Service Medal Veteran

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

I am NOT a veteran.

Military Discharge Date:

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017



Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please select one of the options below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name: 

Today's Date: 

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.