

A. Employee Information

Report of External Employment for Classified Staff

Employee/Candidate: Please complete sections A-D regarding your CUNY employment and external employment, both full-time and part-time. Carefully read the attestation in section E and sign the bottom. Once it has been completed and signed, please submit this to the Human Resources Department of the CUNY college at which you are primarily employed or to which you have applied.

All information on this form is subject to verification. Please be advised that you are required to resubmit this form with updates if there are any changes to your external employment.

Employee Name			Date Completed		
B CUNY Prima	ry Position				
Title:					
College:		Department:			
Regular Work Schedule		Number of Hours per Week	Date of Appointment		
CUNY Secondary Position					
Title:	•				
College:		Department:			
Regula	ar Work Schedule	Number of Hours per Week	Date o	f Appointment	

C. External Employment					
Employer:					
Address:					
Telephone & Fax Numbers:					
Job Title:					
Department:					
Supervisor Name & Title					
Regular Work Schedule	Number of Hours per Week	Date of Appointment			
D. No External Employment					
I have no external employment. I understand that if I plan to obtain external employment, I must contact the HR Department of my school and submit an updated "Report of External Employment for Classified Staff" form BEFORE I begin the external employment.					
E. Employee Attestation					
By my signature below, I declare and affirm that the information submitted above is true and complete. I acknowledge that my full-time position at CUNY is my primary employment. I understand that any misrepresentation or material omission of facts in this form shall be a sufficient basis for ending further consideration of my application, or, in the event I have already been hired, shall constitute sufficient cause for disciplinary action, which may result in a penalty up to and including termination of employment.					
Signature	Date				

Sections E & F &G are for Office Use Only

F Supervisor/Department Head Approval: Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY's policy regarding external employment. Do Not Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s): there is a conflict of interest between the two positions there is an overlap in scheduled working hours there is not adequate time allocated for travel between the positions Comments: Signature______Date:_____ Print Name ______Title_____ **G** Human Resources Director Approval: Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY's policy regarding external employment. Do Not Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s): there is a conflict of interest between the two positions there is an overlap in scheduled work hours there is not adequate time allocated for travel between the positions Comments: Signature Date: Print Name _____Title____