

## Office of Human Resource Services

### Person of Interest (POI) Appointment in CUNYfirst

#### Part A

Department: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Department Head Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Business Reason for Request: \_\_\_\_\_

Legal Name of Person: (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_

Employee of: \_\_\_\_\_ Paid by: \_\_\_\_\_

Reports to Name on Campus: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### Individual authorized to access CUNYfirst:

#### Part B

HCM \_\_\_\_\_

Human Resources / Elgin Ford

SR \_\_\_\_\_

Registrar / Sharon Davidson

SF \_\_\_\_\_

Bursar / Yvette Williamson

FA \_\_\_\_\_

Financial Aid / Beverly Brown

ADM \_\_\_\_\_

Admissions / Anthony Davis

GL \_\_\_\_\_

Business Manager / Suzette Foster-Jemmott

#### Person Information:

#### Part C

Address: \_\_\_\_\_  
Street Apt # City State Zip Code

Home Phone # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Social Security # \_\_\_\_\_ Citizenship Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity \_\_\_\_\_ Disability:  Yes  No

Emergency Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Address if different: \_\_\_\_\_

Highest Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Year Earned: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  other \_\_\_\_\_ Veteran: () Yes () No

**Human Resources Use Only:** POI CF Position # \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

Job Code \_\_\_\_\_ Dept. Code \_\_\_\_\_ POI Reports to Position #: \_\_\_\_\_ Emp ID: \_\_\_\_\_