

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.

Report Date	<input type="text"/>	Semester	<input type="text"/>	Year	<input type="text"/>
Name	<input type="text"/>	College	<input type="text"/>		
Title	<input type="text"/>	Department	<input type="text"/>		

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

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 employment, consultative or other work for extra compensation (including grant-funded activities, such as Research Foundation), **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 these activities has been approved by Office of Human Resources Management. **(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).
Note: Include service in the Winter Session with the Fall semester activities.

Teaching

College Department
 Course No. Course Title Hours/Weekly Hours/Semester
 Date From Date To

College Department
 Course no. Course Title Hours/Weekly Hours/Semester
 Date From Date To

College Department
 Course no. Course Title Hours/Weekly Hours/Semester
 Date From Date To

Non-Teaching

Description of Assignment Hours/Weekly Hours/Semester
 Date From Date To

Description of Assignment Hours/Weekly Hours/Semester
 Date From Date To

B. 2. Compensated and Uncompensated Employment, Consultative or Other Work Outside of CUNY - Current Semester.

** Source of funding may include tax-levy, Research Foundation or other college non-tax levy entities. Add additional pages, if necessary.*

Employer/Institution/Organization
 Address City State Zip Code
 Tel.:

Nature of Work

No. of hrs./week No. of weeks Date From Date To

Uncompensated Compensated

Department P & B Approval for Section B.1

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

Name Signature Date

Department P & B Approval for Section B.2

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

Name Signature Date

Department Chairperson Approval for Section B. 1

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.

I do not recommend approval of the hours reported in Section B. 1.

Name Signature Date

Department Chairperson Approval for Section B. 2

I certify that the activities reported in Section B. 2 are within the limits set by the University's Multiple Position Policy. I recommend approval.

I do not recommend approval of the activities reported in Section B. 2.

Name Signature Date

Presidential Action:

Section B.1: Within CUNY Approved

Section B. 2: Outside CUNY Approved

Comments

Signature of President / Designee Date