

THE CITY UNIVERSITY OF NEW YORK BOROUGH OF
MANHATTAN COMMUNITY COLLEGE
PERSONEL ACTION FORM

Source of Funds: _ Tax Levy _ Grant

Name: _____
Last First M.I.

Address: _____ City, State: _____ Zip Code: _____

Telephone #: _____ Date of birth: _____

Last 4 digits of SS #: _____ **OR** CUNY First ID #: _____

<input type="checkbox"/> Appointment <input type="checkbox"/> Initial <input type="checkbox"/> Provisional <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary	<input type="checkbox"/> Reappointment <input type="checkbox"/> W. Tenure <input type="checkbox"/> W/O Tenure <input type="checkbox"/> W. CCE <input type="checkbox"/> W/O CCE	<input type="checkbox"/> Promotion/ Reclassification <input type="checkbox"/> Merit	<input type="checkbox"/> Leave: (w pay, w/o pay) <input type="checkbox"/> Child Care <input type="checkbox"/> Disability <input type="checkbox"/> Fellowship <input type="checkbox"/> LIB Reassignment <input type="checkbox"/> Partial <input type="checkbox"/> Special Purpose <input type="checkbox"/> Travia <input type="checkbox"/> Other	Separation: <input type="checkbox"/> Cancellation <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Transfer <input type="checkbox"/> Appt. Ended
---	--	---	---	--

Other Action: _____

Department: _____ Salary: _____ per Annual / per Hour

Title: _____ Functional Title: _____

Effective Date: From _____ To _____

For College Assistant/ Student Aide/ Tutor/ Adjunct, please complete the following:

Maximum # of Hours per Week: _____ Maximum # of Hours per Period: _____

Work Schedule (e.g. M & W 9 – 5, etc.): _____

Course: _____

Section: _____

Total Cost: _____ (rate* total hours) Duties/Workload _____

Budget Authorization – Position #

Signature of Budget Officer

Date

Signature of Department Chairperson or Head

Date

Signature of Divisional Vice President / Dean

Date

PRESIDENT'S Signature

Date