



THE CITY UNIVERSITY OF NEW YORK
OFFICE OF FACULTY AND STAFF RELATIONS
UNIVERSITY PERSONNEL OFFICE

REPORT OF CUNY CIVIL SERVICE EXTERNAL EMPLOYMENT

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

A. Primary Position:

CUNY College or Unit: \_\_\_\_\_

Department & Address: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Usual Work Schedule: \_\_\_\_\_

Completed by: \_\_\_\_\_

(College Personnel Director)

(Date)

B. Secondary Position:

Agency or Employer: \_\_\_\_\_

Department & Address: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Usual Work Schedule: \_\_\_\_\_

Completed by: \_\_\_\_\_

(Personnel Director)

(Date)

THIS FORM IS TO BE INITIATED (SECTION A., UPPER) BY THE CUNY COLLEGE OR UNIT PROVIDING THE PRIMARY POSITION.

IT IS THEN TO BE FORWARDED TO THE EMPLOYER PROVIDING THE SECONDARY POSITION FOR COMPLETION AND RETURN