

REPORT OF EXTERNAL EMPLOYMENT FOR CLASSIFIED STAFF

Employee/Candidate: Please complete sections A-D regarding your CUNY employment and external employment, both fulltime 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.

Conflicts which arise unexpectedly over work hours may be resolved by the College's Director of Human Resources in favor of the University.

A. EIVIPLOTEE INFORMATION	
Employee Name:	Date Completed:
B. CUNY Employment	
CUNY Primary Position	
Title:	
College:	Department:
Regular Work Schedule:	Hours per Week:
Date of Appointment:	
CUNY Secondary Position	
Title:	
College:	Department:
Regular Work Schedule:	Hours per Week:
Date of Appointment:	

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C. EXTERNAL EMPLOYMENT

Employer:	
Address:	
Telephone & Fax Numbers:	
Job Title:	
Supervisor Name & Title:	
Regular Work Schedule:	
Date of Appointment:	
D. NO EXTERNAL EMPLOYMENT	
·	I that if I plan to obtain external employment, I must contact an updated "Report of External Employment for Classified ent.
E. EMPLOYEE ATTESTATION	
By my signature below, I declare and affirm that the in acknowledge that my full-time position at CUNY is my misrepresentation or material omission of facts in this consideration of my application, or, in the event I have disciplinary action, which may result in a penalty up to	primary employment. I understand that any form shall be a sufficient basis for ending further already been hired, shall constitute sufficient cause for
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 po	ositions.	
There is an overlap in scheduled working hours.		
There is not adequate time allocated for travel between the positions.		
Comments:		
Signature:	Date:	
Name (printed):	Title:	
G. HUMAN RESOURCES DIRECTOR APPROVAL		
Approve: I have reviewed this employee's CUNY employer form and have determined that there is no conflict of intestituation is in compliance with CUNY's policy regarding exposed by the conformation of the complex curves are conformation.	erest between the two positions and that the ternal employment. employment and his/her completed External	
Employment form and have determined that this situation external employment for the following reason(s):	n is NOT in compliance with CUNY's policy regarding	
There is a conflict of interest between the two position	ons	
There is an overlap in scheduled work hours		
There is not adequate time allocated for travel between	en the positions	
Comments:		
Signature:	Date:	
Name (printed):	Title:	



H. PRESIDENTIAL APPROVAL FOR EXTERNAL FULL-TIME POSITIONS

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 full-time 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:
Name (printed):	Title:
Please return to the HR Director.	

Retain original document in employee file.