

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

Source of Funds: _ Tax Levy _ Grant

Name: _____
Last First M.I.

Address: _____ City, State _____ Zip Code _____

Telephone #: _____

Date of birth: _____ Social Security #: _____

<input type="checkbox"/> Appointment: <input type="checkbox"/> Initial <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <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"/> Title <input type="checkbox"/> Salary	<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	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
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Other: _____

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

Signature of Vice President of Administration & Planning

Date

PRESIDENT'S Signature

Date