

**THE CITY UNIVERSITY OF NEW YORK
MULTIPLE POSITION REPORT
FULL-TIME FACULTY**

Semester _____ Year _____

This form must be completed by all full-time faculty. 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 should be updated if changes in commitments occur during the semester.** If more space is needed please attach additional sheets using the same format.

Report Date: _____ College: _____

(Print) Last Name First Name M.I.

Department Rank

Certification by Faculty Member (Complete Part A or Part B):

A. I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at _____ College (CUNY).

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 _____ College.

Signature of Faculty Member: _____ Date: _____

B. I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at _____ College (CUNY).

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 compensated or uncompensated employment, consultative or other work (including grant-funded activities), **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.

Signature of Faculty Member: _____ Date: _____

B.1 CUNY-Current Semester¹ (Only report **compensated** activities that are **not** part of your regular full-time position.)

Name of College: _____ Department or Division: _____

Teaching		Non-Teaching	Other
No. of Hrs./wk.	No. of Courses	No. of hrs./wk	No. of hrs./wk
_____	_____	_____	_____
Dates: From	____/____/____	Dates: From	____/____/____
To	____/____/____	To	____/____/____

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

Check one: Compensated [] Uncompensated []

Nature of work _____

No. of hrs./wk. _____ No. of wks. _____ Dates: From ____/____/____ To ____/____/____

Employer/Institution/Organization _____

Address: _____

Telephone Number: _____

C. Department Personnel and Budget Committee:

The Department P&B Committee [] recommends [] does not recommend approval of the activities listed above in B.2..

Date of the personnel and Budget Committee meeting: _____

Department Chairperson: _____

I certify that the hours reported are [] within [] above the limits set by the University's Multiple Position Policy. I [] recommend [] do not recommend approval of the hours reported above.

Department Chairperson (Signature)

Date

School Dean (Signature)

Date

Presidential Action: [] Approved
 [] Other Action _____

President/Designee (Signature)

Date

OFSR 3/8/07

¹ Include service in the Winter Session under the Fall semester.

**MULTIPLE POSITION POLICY
SUMMER ASSIGNMENTS REPORTING FORM**

The Board of Trustees' *Statement of Policy on Multiple Positions* limits a full-time faculty member's assignments during the annual leave period in the summer to a maximum of three-ninths of the faculty member's annual salary. In order to ensure compliance with this limitation, the faculty member must complete this form and submit it to his/her Department Chair before beginning any summer assignments and provide an updated form if any changes occur. Please note that there is an additional restriction that compensation for any single month during the summer may not exceed 1/9th of the faculty member's annual salary.

1. Summer Teaching Assignments

$$\frac{\text{_____}}{\text{\# hours}} \times \frac{\text{_____}}{\text{Hourly Rate}} = \text{_____}$$

2. Summer Non-Teaching Assignments

$$\frac{\text{_____}}{\text{\# hours}} \times \frac{\text{_____}}{\text{Hourly Rate}} = \text{_____}$$

3. Summer Chair Assignment

$$\left(\frac{\text{_____}}{\text{Annual salary}} \div 9 \right) \times \left(\frac{\text{_____}}{\text{\# hours worked}} \div 120 \right) = \text{_____}$$

4. Summer Grant Salary

5. Other CUNY Summer Employment

6. Total Summer Compensation from CUNY (Add 1 through 5)

7. Permissible Summer Compensation from CUNY

$$\frac{\text{_____}}{\text{Annual salary}} \times \frac{3}{9} = \text{_____}$$

NOTE: Line 6 must be less than Line 7.

Signature of Faculty Member Date

Signature of Department Chair Date