

The City University of New York
University Benefits Office
Office of the Vice Chancellor for Faculty and Staff Relations
535 East 80th Street, New York, N.Y. 10021
(646) 674-8575

INSTRUCTIONS

**MULTIPLE POSITIONS
FORM (102B)**

The Multiple Position form is used for full-time instructional staff who are members of TIAA-CREF and who perform adjunct work at a college other than the one he/she is working full time. The purpose of this form is to ensure that full-time instructional staff members who are members of TIAA-CREF receive pension credit for all hours worked in both full-time and hourly instructional staff titles.

PROCEDURE

Instructional staff member:

Completes form, returns original to college where he or she is working full time for verification; after verification sends copies to all other colleges where performing hourly work, preferably, within the (30) days of new appointment.

College where instructional staff member is appointed full time:

College verifies TIAA-CREF membership status and signs form.
Sends a copy to the internal payroll department and University Benefits office.

College where hourly service is to be performed by instructional staff member:

Human Resource department reviews form to ensure accuracy.
Sends copies to college payroll department.

Payroll Department where hourly service is performed by instructional staff members:

Inputs the appropriate pay code on payroll system or follows normal procedures for payroll deductions.

Instructional staff member:

Retains a copy and completes a new form if there are any Subsequent appointments.

**MULTIPLE POSITIONS (Members of TIAA-CREF)
FORM 102B**

In order for full-time instructional staff members of TIAA-CREF to receive pension credit for all service in hourly instructional staff titles, this form **MUST** be completed.

Part A: To be completed by employee.

COLLEGE (name of college where appointed full time): _____

Credit for hours worked for CUNY must be established for all positions held at the campus where the instructional staff member has a full time appointment, or any other CUNY campus, if applicable. This information must be updated when changes occur and may affect both employer and employee pension contributions.

I, (Print Name) _____, full-time title _____, acknowledge that I am **required** to submit the names of **all** CUNY colleges where I am employed. I further acknowledge that it is my responsibility to inform my current college of all subsequent appointments.

College: _____ Title _____ Date Start _____ Last Day _____

College: _____ Title _____ Date Start _____ Last Day _____

College: _____ Title _____ Date Start _____ Last Day _____

Date of Appointment into full-time Instructional Staff Title: ____/____/____

Employee Signature _____

Social Security # ____/____/____

Part B - To be completed by college where full time appointment is held.

I certify that the above named instructional staff member is a full time staff member and is an eligible member @ of TIAA-CREF.

Name : _____
Human Resources Representative

Print Name: _____

Date: _____

Original: Personnel file

Copies

1. University Benefits Office

2. Payroll

3. Employee