

CUNYFirst Person of Interest (POI) HR Data Form

General Instruction:

In accordance with CUNYFirst policy, all non-tax levy employees who are requesting access to CUNYFirst must **meet one of the following criteria** - they supervise tax levy employees (e.g. college assistant), use the system to complete their job duties (e.g. student advising) or are in the system for a specific business reason. Access will be granted only if one of the criteria is met <u>and</u> with authorizations from the employee's supervisor and the Department Head.

This form must be completed and returned to Human Resources (HR) before the request for access can be processed. Once the request is processed, the individual will be provided with **basic system access** – HR will notify the employee to claim his/her account and to pick up Hostos ID Card. For additional access or access to advanced modules (e.g. Campus Solution for student records), please contact Hostos' CUNYFirst Help Desk @ 718-664-2555 for instructions.

For system security, Supervisor/Department Head <u>must</u> indicates the 'Access End Date' and it should not exceed fiscal year. The access start date is the date the form is processed and generally it is the same date the form is submitted assuming HR has all of the required information and documentation. When the access has expired, it can be renewed by submitting a new form. If system access is no longer required before it is expired, the supervisor/Department Head <u>MUST</u> notify HR and Help Desk immediately.

Supervisor Authorization: Access End Date: (mm/dd/yyyy) _____ Access Type: (check one) New _____ or Renew ____ Signature Date Department/Program Name Last, First Name (print) **Business Email Business Phone Department Head Authorization:** (Please sign again if supervisor is also Department Head.) Date Signature Last, First Name (print) Department Name Other: specify _ **Auxiliary Funding Source: Research Foundation** Job Status: FT/PT: _





CUNYFirst Person of Interest (POI) HR Data Form

Employee Instruction:

Please complete the information on this page. **If you are not a Research Foundation Employee**, you must provide us the Social Security Card and a valid government issued photo ID which indicates your date of birth in order for us to verify your identity and ensure proper entry of your personal information – same documentation is required for access renewal. HR will not process the form if you do not supply complete and correct information. Access will automatically be terminated if false information is provided. Please print legibly and return the entire form.

Name					
Last Name	First Name			Middle Name	
(We will not accept P.O. Box address) Home Address					
No. Street	Apt #	City	State	Zip	
Telephone Number ()		<u>()</u> _			
Home			Day Time		
Country of Birth		(Th	is is an optional question u do not want to self-ider	, leaving it blank indicates	
Highest Education Level:					
Military Status:		(if no state	us, enter 'Not a Veterd	un')	
Hostos business email address:					
Place a check next to each question: Gender: Female Male Non-Binary (X)	Marital Status:	_Single _ Married	d _ Other: specify		
Are you eligible to work in U.S.: Yes N	<u> </u>				
Empl_ID		Processor Initial 8	R Date	Th	

500 Grand Concourse, Bronx, NY 10451



Eugenio Maria de Hostos Community College