



CUNYFirst Person of Interest (POI) HR Data Form

General Instruction:

In accordance with CUNYFirst policy, non-tax levy employees (e.g. Research Foundation - RF) 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 and 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 must indicate the ‘Access End Date’ and it should not be an open-ended date. 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 must notify HR and Help Desk immediately.

Supervisor Authorization:

Access End Date: (mm/dd/yyyy) _____
 Access Type: (check one) New _____ or Renew _____

Signature	Date
Last, First Name (print)	Department/ <i>Program Name</i>
Business Email	Business Phone

Department Head Authorization:

(Please sign again if supervisor is also Department Head.)

Signature	Date
Last, First Name (print)	Department Name



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Employee Instruction:

Please complete the information on this page. 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 documentations are 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 (_____) _____ (_____) _____
Home
Day Time

Country of Birth _____ Ethnicity: _____
(This is an optional question, leaving it blank indicates you do not want to self-identify)

Highest Education Level: _____

Military Status: _____ *(if no status, enter 'Not a Veteran')*

Hostos business email address: _____

Place a check next to each question:

Gender: Female Male Marital Status: Single Married Other: specify _____

Are you eligible to work in U.S.: Yes No

Source of Funding: Auxiliary Research Foundation Other: specify _____ Full/Part: _____

Employee/Supervisor Role: _____

For HR use only	
_____ Empl_ID	_____ Processor Initial & Date

