



Abraham Lincoln
Brooklyn Studio
Beach Channel View
Clara Barton
Cultural Academy
Curtis
Edward R. Murrow
Fort Hamilton
Franklin D. Roosevelt

International
It takes a Village
James Madison
John Dewey
Kurt Hahn
Leon M. Goldstein
Michael J. Petrides
New Dorp
New Utrecht

New Visions AMS III
New Visions HUM III
New Utrecht
Origins
Port Richmond
Rachel Carson
Ralph McKee
Rachel Carson
Rockaway Collegiate

Rockaway Park
Staten Island Technical
Susan E. Wagner
Telecommunications
Tottenville
UFT Charter
William E. Grady

May 2019

Dear College Now Faculty and Staff:

The attached payroll materials, for the fall 2019 semester, represent a tentative teaching schedule for your school. There may be classes added or dropped as we get closer to the new semester. As required by HR, we now must submit payroll materials well in advance so payrolls can be promulgated before the term begins. After you complete the portions which have not already been filled out, please return them to your Program Coordinator by the due date set by your school. All forms must be in the CN office by **Tuesday, May 21st**, including your 12 stamped, self-addressed envelopes. Please be sure to do the following before submitting them:

CALENDARS:

The "total # of minutes" includes both the class time and final exam time. The back of the calendar shows the way to determine the # of class meetings for your class. We encourage you to administer your final before the end of the semester so the marked exam can be reviewed with the student before being submitted with your end term work. **Please make sure to sign and date your calendar and have your PC approve it.** Make sure you have also completed all the personal information at the top.

For all other forms, most information has already been filled in for you and only requires you to do the following:

WORKLOAD SCHEDULE:

Complete the personal information at the top.

Fill in your "Schedule of Teaching" (or office schedule) at the bottom.

If missing, add your reference # (from paystubs) and CUNY First (Employee) ID.

Add any additional CUNY courses you may teach below your listed course, along with the schedule(s) at the bottom of the form.

WORKLOAD REPORTING:

Sign and date the form

Add any additional CUNY courses you may teach below your listed course.

CERTIFICATION OF COLLECTION OF PUBLIC PENSION FUNDS:

Sign and date the form (which is correct as checked for all DOE employees and DOE retirees).

If you will be retiring for the spring semester, your PC has a sample for retirees.

PAYROLL MAIL AUTHORIZATION:

Add personal info, last 4 digits of your SS, plus sign and date the form.

Include 12 stamped, self-addressed envelopes plus your return address. You can use personal address labels for both as long as your paycheck name appears.

If you have any questions, please do not hesitate to contact me or Judy Berger.

Thank you for your cooperation,

Erika Delacruz, Academic Director

COLLEGE NOW PROGRAM
Kingsborough Community College - City University of New York
Instructional Faculty Academic Calendar - Fall 2019

*Instructional
Faculty*

PLEASE PRINT: You must fill in all blank spaces

High School: _____
 Name: Last _____ First _____
 School Tel:# _____ Home Tel # _____
 E-mail Address: _____ Cell # _____
 Home Address _____

COURSE INFORMATION (see separate instruction sheet)
 CN Course Code (not hs code) _____
 CUNY First Code+Section _____

#of Class Meetings+Final _____ (must match # of dates circled)
 (# of meetings+final x minutes per class=total minutes)

@ _____ Min/class = Total # of Min. _____ which includes final
THE FINAL EXAM MINUTES ARE INCLUDED WITH THE COURSE HOURS

Start Time _____ End Time _____ AM _____ PM _____

CIRCLE DAYS CLASS USUALLY MEETS
 M T W Th F S

ROOM: _____

Explain & list class meeting dates that have a different number of minutes than regular class meeting days.

Date of Last Class Meeting: _____

Final Exam Date(s): _____

By signing below, DOE employees acknowledge that the listed CN teaching hours do not conflict with their required DOE daily time schedule.

 Faculty Member Date

Approved by: _____
 Program Coordinator Date

SEE SEPARATE INSTRUCTIONS FOR THE TOTAL NUMBER OF MINUTES PER COURSE

CLASS MEETINGS + FINAL
CIRCLE THE DATES OF CLASS MEETINGS WHICH
MUST MATCH THE NUMBER OF CLASS MEETINGS
PLUS THE DAY/DAYS FOR THE FINAL

September 2019

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

days circled _____

October 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

days circled _____

November 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

days circled _____

December 2019

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

days circled _____

January 2020

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

days circled _____

Copies retained by:
 Principal, Course Coordinator, Program Coordinator

Total # indicated _____ (must match # of class meetings including final exam days)

COLLEGE NOW COURSE HOURS INCLUDING FINAL EXAM

TOTAL # OF MINUTES PER COURSE

COURSE	CLASS MINUTES + FINAL= TOTAL MINUTES
ENG BW, ESL BW 1, ESL BW 2, MAT 01, MAT 03, BA 60	2800 + 120 = 2920
BA 10, BIO 39, BIO 70, BSS 1, CA99, COM 11, HIS 68, HUM 1, MAT 20, MCM 30, MT 30, POL 63, POL66, PSY11, SCI 1, TAH 1, TAH12, TAH43, TAH71, THA 50	2100 + 120 = 2220
CA 21	1400 + 120 = 1520
SD 10, SD 11	700 + 60 = 760
MAT COFO, ENG COFO	3600 (final already included)
FOUNDATION COURSES	3240 (final already included)

To determine the number of class meetings for your course, divide the total course minutes (which includes the number of minutes for the final) by the number of minutes/day that your class meets. Enter that information in the space provided on the calendar. The number of class meetings entered must equal the number of class meetings circled.

For example:

BSS meets 2100 minutes + 120 final minutes = 2220 total minutes

Your CN class meets 47 minutes per class meeting

2220 minutes divided by 47 minutes = 47.2 = 48 class meetings which includes the final

COLLEGE NOW PROGRAM

Kingsborough Community College - City University of New York
 Non-Instructional Staff Calendar for Program Coordinators & Counselors - Fall 2019

PC & Counselor (non-instructional)

PLEASE PRINT: You must fill in all blank spaces

High School: _____

Name: Last: _____ First: _____

School Tel #: _____ Ext. _____ Home Tel #: _____

E-mail Address: _____ Cell # _____

Home Address: _____

SCHEDULE (see below for details)

Total Semester Hours: _____ = Total # of minutes _____

Start / End Time	M _____	to _____	AM _____	to _____	PM M
	T _____	to _____	AM _____	to _____	PM T
	W _____	to _____	AM _____	to _____	PM W
	Th _____	to _____	AM _____	to _____	PM Th
	F _____	to _____	AM _____	to _____	PM F

PC & Counselor time sheets must match the time and days on this calendar

Room: _____

Circle Dates of Office Hours

September 2019

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2019

S	M	T	W	T	F	S
						1 2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

days circled _____

days circled _____

days circled _____

December 2019

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2020

S	M	T	W	T	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

days circled _____

days circled _____

By signing below, DOE employees acknowledge that the listed CN hours do not conflict with their required DOE daily time schedule

Total # circled _____
 (When multiplied by minutes/day must equal your allotted total # of minutes)

 Date _____
 PC or Counselor Employee

 Date _____
 Approved: Program Coordinator

NOTE: Your CN Time Schedule must be before or after your DOE day. Days worked for CN do not have to be the same each week. That should be reflected in the scheduled dates you circle. Your schedule must extend through the end of the College Now semester and should extend through the entire DOE semester. Hours for the dates circled cannot exceed the total semester hours allocated to you.

WORKLOAD SCHEDULE FORM

PERSONAL INFORMATION (PLEASE PRINT ALL INFORMATION)

DATE: SEPTEMBER 1, 2019	TERM/YEAR: FALL 2019	REFERENCE #:
LAST NAME:	FIRST NAME:	DEPARTMENT: COLLEGE NOW
RANK: ADJUNCT LECTURER	F/T () <input type="checkbox"/> P/T () <input checked="" type="checkbox"/>	CUNY FIRST EMPLOYEE ID #:
HOME ADDRESS:		
ZIP:		
HOME TEL:	EMERGENCY TEL:	E-MAIL ADDRESS:

	COURSE ABBREVIATION	CLASS #	SECTION #	CONTACT HOURS (*Please Tally)	CREDITS/UNITS (*Please Tally)	OVERLOAD (Y/N)
A	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	*TOTALS					

	REASSIGNED TIME	
B	No. of Hrs. Reassigned Time: _____	No. of Compensated Hrs. Reassigned Time: _____
	Reassigned Time Duties: _____	Compensated Hrs. Reassigned Time Duties: _____
	_____	_____
	_____	_____
	_____	_____

SUB-TOTALS: **A** _____ **B** _____ TOTAL (A + B): _____ Hrs. Carried Fall to Spring: _____

DEPARTMENT CHAIRPERSON: _____ DATE: _____

SCHEDULE OF TEACHING AND OFFICE HOURS								
COURSE	CLASS #	DAY & TIME (Start and End Times)						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

PLEASE INDICATE OFFICE HOURS (Day, time, room # & tel. (ext))

KINGSBOROUGH COMMUNITY COLLEGE

**THE CITY UNIVERSITY OF NEW YORK
Adjunct Instructional Staff and Graduate Assistant
Workload Reporting Form ¹**

Sections 15.2 and 15.3 of Article 15 of the Agreement between The City University of New York and the Professional Staff Congress/ CUNY states:

15.2 WORKLOAD FOR THE PART-TIME MEMBERS OF THE INSTRUCTIONAL STAFF:

A person appointed to an Adjunct title is not a full-time employee of The City University of New York. Employment in an adjunct position or a combination of adjunct positions shall not constitute a full-time position. Adjunct lecturers or adjuncts in other titles, excluding Graduate Assistants, shall not be assigned a total of more than nine (9) classroom contact hours during a semester in one unit of The City University of New York. In addition, such adjunct may be employed to teach a maximum of one course of not more than six (6) hours during a semester at another unit of The City University of New York.

For persons in non-teaching adjunct titles, the limitations noted above are equated to not more than 225 hours per semester at one college and not more than 150 hours per semester at a second college of The University.

15.3. WORKLOAD FOR STAFF IN THE GRADUATE ASSISTANT TITLE SERIES:

Graduate students holding the title of Graduate Assistant A shall have an assignment of a maximum of 240 contact teaching hours or 450 hours of non-teaching assignments during the work year. Graduate students holding the title of Graduate Assistant B shall have an assignment of a maximum of 120 classroom teaching hours or 225 hours of non-teaching assignments in the B Title during the work year. If a Graduate Assistant B holds an adjunct or other hourly position, his or her total combined assignment may not exceed 240 contact teaching hours or 450 hours of non-teaching assignment during the work year. Graduate students holding the title Graduate Assistant C shall have an assignment of a maximum of 180 classroom teaching hours during the work year. If a Graduate Assistant C also holds an Adjunct teaching position, his or her total combined assignment may not exceed 270 contact teaching hours during the work year.

To be filled out by adjunct instructional staff member or Graduate Assistant:

NAME _____ SEMESTER FALL 2019

DEPARTMENT COLLEGE NOW TITLE(s) ADJUNCT LECTURER

List all courses being taught or non-teaching hours (including Graduate Assistant A, B and C assignments) assigned within The City University including Kingsborough Community College.

<u>College</u>	<u>Department</u>	<u>Course Title</u>	<u>Course/ Section</u>	<u>Hours</u>
<u>KCC</u>	<u>COLLEGE NOW</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that I have read the above provisions and that I have not accepted and will not accept an assignment with any college or unit of CUNY that will exceed the contractual limitations, unless such limitations have been explicitly waived by CUNY and the PSC. I further certify that, if there are any changes in this information during the semester, I will submit an updated form to the Department Chair to reflect these changes.

Signature

Date

Review by Department Chair

I certify that I have reviewed this form and that it accurately reflects the course(s) and/or non-teaching hours assigned at this college.

Signature of Department Chair

Date

¹ Not to be completed by any person having a full-time instructional staff position.

Current DOE staff



Date **SEPTEMBER 1, 2019**

THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART THREE

**CERTIFICATION OF NEW YORK STATE OR NEW YORK CITY PUBLIC SERVICE
CERTIFICATION OF COLLECTION OF PUBLIC PENSION FUNDS**

Under the New York State Retirement and Social Security Law, retirees collecting a pension from New York State or New York City cannot (with certain exceptions) work at the University and continue to collect their pension. Accordingly, The City University of New York requires individuals seeking University employment to disclose their public employment and pension plan history for the purpose of establishing eligibility for employment. An employee who fails to disclose such information will be subject to appropriate action, which may include disciplinary action to terminate their employment and/or suspension or diminution of the retiree's public pension benefits.

Note: Retirees who are under age 65 and are collecting a pension may receive an annual income of up to \$30,000 (Thirty thousand only) in a position in public employment without diminution of their pension benefits.

1. Candidates for employment must submit this form at the time of hire, prior to any appointment
2. All full-time and part-time employees are responsible for submitting this form, should their status change
3. Adjuncts must submit this form every semester in which their employment continues

Last Name First Name Middle Initial

College Department

Contract Title Full-time Part-time

Current positions in Public Service (Please check appropriate box)

- I am **not** currently working for another public service agency, organization, or jurisdiction funded by New York City or New York State, nor have I worked at any such entity during the calendar year
- I am **now** working for another public service agency, organization, or jurisdiction funded by New York City or New York State
- Name of Employer
- I am a statewide elected official of New York State I am a member of the New York State Legislature
- I am a New York State Legislative employee I am a New York State officer or employee (other than CUNY employee) and I receive compensation other than on a per diem basis

Prior positions in Public Service (Please check appropriate box)

- I have **no prior** service with a public service agency, organization or jurisdiction funded by New York City or New York State
- I am **former** employee of of the City/State of New York, and
- I am **collecting** a retirement benefit from a public pension system (including ORP) maintained by the State or City of New York
- Name of Pension Plan
- I am **not** collecting retirement benefit based upon this public service

I hereby attest that the information I have provided above is correct to the best of my knowledge.

Signature Date

Office of Human Resources

Name Signature Date

retirees



Date **September 1, 2019**

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Name of Employer

I am a statewide elected official of New York State I am a member of the New York State Legislature

I am a New York State Legislative employee I am a New York State officer or employee (other than CUNY employee) and I receive compensation other than on a per diem basis

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Name of Pension Plan

I am **not** collecting retirement benefit based upon this public service

I hereby attest that the information I have provided above is correct to the best of my knowledge

Signature Date

Office of Human Resources

Name Signature Date



PAYROLL – MAIL AUTHORIZATION FORM
Kingsborough Community College

NAME _____

XXX-XX-_____

SOCIAL SECURITY #

ADDRESS _____

Position: P/T CN Adjunct Faculty/Staff

City State Zip Code

This is to authorize that my payroll checks and/or payroll stubs be mailed to the above address. It is understood that the College assumes no responsibility for any check lost in the mail.

Envelopes should be addressed to you, using your name from your paycheck, and must **include your return address** which is required by the College. If you have them, use address labels!

Signature

Date

_____ I have included **twelve (12)** stamped, self-addressed envelopes with this form.

NOTE:

Payroll checks and/or payroll stubs will be mailed no later than the first working day **AFTER** the date of scheduled distribution. A list of payroll dates will be distributed to you. We cannot mail checks to your bank for deposit, **BUT Direct Deposit is available. Direct Deposit participants must also include envelopes for paystubs. A return address must be on every submitted envelope.**