



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

This form must be completed by all full-time faculty, including full-time substitutes, in the Fall and Spring semesters.

- 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 must be completed, and the necessary approvals secured, before the faculty member assumes a multiple position assignment and must be updated, whenever changes in commitments occur during the semester.

If more space is needed, please attach additional sheets using the same format.

Date		Semester		Year	
Name		College			
Title/Tenure Status		Department			

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

Part A: I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at College

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 the above college. I understand that the failure to complete this form fully and accurately could subject me to various penalties, up to and including termination of employment, following any applicable disciplinary proceedings.

Signature _____ Date _____

If Part A is completed: No further action is required of the college

Part B: I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at College

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 for extra compensation (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 and a waiver to permit activities **within CUNY** has been approved by the Office of Human Resources Management. **(Note: Waivers are not applicable for Section B.2.)**

I certify that I have fully and accurately disclosed information in Section B. 1 and B. 2, which includes all compensated and uncompensated employment, consultative or other work, grant-funded or otherwise, within and outside CUNY, in addition to my full-time employment at the College.

I understand that the failure to complete this form fully and accurately could subject me to various penalties, up to and including termination of employment, following any applicable disciplinary proceedings.

Signature _____ Date _____

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

** Source of compensation may include tax-levy funds, or non-tax levy funds such as funds from Related Entities, Continuing Education Revenue, Grant Funds, including funds administered by Research Foundation, or any other funding source.*

Add additional pages, if necessary.

TEACHING (Include activities in the Winter Session with Fall semester activities)

College	<input type="text"/>	Department	<input type="text"/>
Course #	<input type="text"/>	Course Title	<input type="text"/>
Hours/Weekly	<input type="text"/>		
From Date	<input type="text"/>	To Date	<input type="text"/>
Hours/Semester	<input type="text"/>		

College	<input type="text"/>	Department	<input type="text"/>
Course #	<input type="text"/>	Course Title	<input type="text"/>
Hours/Weekly	<input type="text"/>		
From Date	<input type="text"/>	To Date	<input type="text"/>
Hours/Semester	<input type="text"/>		

NON-TEACHING (Include activities in the Winter Session with Fall semester activities)

(Continuing Education Teaching Assignments, Grant-related assignments, any other administrative assignment)

College	<input type="text"/>	Department	<input type="text"/>
Description of Assignment	<input type="text"/>	Hours/Weekly	<input type="text"/>
From Date	<input type="text"/>	To Date	<input type="text"/>
Hours/Semester	<input type="text"/>		

College	<input type="text"/>	Department	<input type="text"/>
Description of Assignment	<input type="text"/>	Hours/Weekly	<input type="text"/>
From Date	<input type="text"/>	To Date	<input type="text"/>
Hours/Semester	<input type="text"/>		

College	<input type="text"/>	Department	<input type="text"/>
Description of Assignment	<input type="text"/>	Hours/Weekly	<input type="text"/>
From Date	<input type="text"/>	To Date	<input type="text"/>
Hours/Semester	<input type="text"/>		

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

Add additional pages, if necessary.

Employer/Institution/Organization	<input type="text"/>						
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Tel.:	<input type="text"/>						

Nature of Work

<input type="text"/>

From Date	<input type="text"/>	To Date	<input type="text"/>	No. of hours/week	<input type="text"/>	<input type="checkbox"/> Uncompensated	<input type="checkbox"/> Compensated
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Section B 1: Approvals should follow campus practice

Department Chairperson Approval

- I certify that the hours reported in Section B. 1 are within the limits set by the University's Multiple Position Policy. I recommend approval.
- I certify that the hours reported in Section B. 1 are above the limits set by the University's Multiple Position Policy. I recommend approval, subject to approval by the President / Designee and OHRM. **(An overload waiver request must be submitted to OHRM)**
- I do not recommend approval of the hours reported in Section B. 1.

Name Signature _____ Date _____

If consistent with campus practice:

- Date of P & B Meeting
- The Department Personnel and Budget Committee recommends approval of the activities listed in Section B. 1
 - The Department Personnel and Budget Committee does **not** recommend approval of the activities listed in Section B.1

Section B 2: Department P & B Approval

- Date of P & B Meeting
- The Department Personnel and Budget Committee recommends approval of the activities listed in Section B. 2
 - The Department Personnel and Budget Committee does **not** recommend approval of the activities listed in Section B.2

Department Chairperson Approval

- I certify that the activities and hours reported in Section B. 2 are within the limits set by the University's Multiple Position Policy. I recommend approval. (Limited to an average of one day a week, or its equivalent over the course of the academic year).
- I do not recommend approval of the activities and hours reported in Section B. 2.

Name Signature _____ Date _____

The Multiple Position Policy allows a maximum of 8 classroom contact hours over the Fall and Spring semester. An additional 6 classroom contact hours are allowed during the academic year in courses that are offered a) during the winter session; b) exclusively on Saturdays and Sundays, or c) as part of on-line degree programs. (14 classroom contact hours)

Non-teaching assignments are limited to 150 hours per semester or 300 hours for the entire academic year at the appropriate non-teaching adjunct rate, not to exceed the maximum hourly rate.

Combined teaching and non-teaching overload assignments are calculated pursuant to the formula provided:

Example: A faculty with 12 classroom contact hours would be eligible for 50 non-teaching assignment hours. $(14*15) - (12*15) / .6 = 50$

President/Designee Action:

Section B.1: Within CUNY

Approved

Total teaching hours

Total non-teaching hours

Section B. 2: Outside CUNY

Approved

Other Action /Comments

Signature of President or Designee _____

Date _____