Full Time Instructional Staff Multiple Position Forms

Both New York State Law and long-standing University policy mandate disclosure by faculty, as public employees, of certain information related to the performance of their duties and responsibilities as full-time members of the faculty. Attached is a Multiple Position Reporting form for that purpose. Please note that Part D differs from Fall to Spring semester reports. Please be sure you are using the appropriate form.

All Instructional Staff, including C.L.T.’s, are required to submit Multiple Position Reporting forms. This form must be completed and forwarded to your department Chairperson by the end of the second week of each semester. Please note: Part D, page 2, requires information from the previous academic year. If you had no supplementary employment, honoraria, consultant or lecture fees, or significant uncompensated activities during the previous academic year, please check “NONE” on the first line in part D. Do not leave this section blank. If you did have such employment, etc., please supply all the appropriate information in part D. The completed forms will be reviewed by the department P&B Committee, signed by the department Chairperson, and placed in your personnel file.

The University is cognizant of the freedom of association and related protections afforded by the first amendment; consequently, while this form requires a full disclosure of all compensated activities beyond your full-time assignment, as well as any uncompensated commitments, you need not report incidental uncompensated activities related to your membership in academic, political, religious, social, cultural, or charitable organizations, provided such activities do not constitute a significant commitment of your time.

Please note: Your form should be updated during the semester if your commitments change. Moreover, any intention of taking on activities covered by the regulations must first be approved by the College and must be reported to your department chairperson.

If you have any questions regarding the policy or seek further clarification, please refer them to your department chairperson.
THE CITY UNIVERSITY OF NEW YORK
Multiple Position Report
Full Time Faculty

Spring___
Semester

This form must be completed by all full-time faculty. 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. If more space is needed, please attach additional sheets using the same format.

Completion and approval of this form satisfies the requirements of the New York State Ethics in Government Act, as provided in Advisory Opinion No. 93-6, of the New York State Ethics Commission.

Report Date: * _____________________________ Borough of Manhattan Community College

(Print) Last Name, First Name, M.I.

Department _____________________________ Rank _____________________________

A. I certify, that (check one):
    ____ I have no employment, grant funded or otherwise, or significant uncompensated activities in addition to my regular full-time employment at Borough of Manhattan Community College.

    [If you check this statement, complete sections D and E only.]

    ____ In addition to my regular full-time assignment at the College, I have supplementary employment for extra compensation (including grant funded), or significant uncompensated activities, for which complete information follows:

    [If you check this statement complete sections B, C, D, and E.]

B. CUNY - Current Semester (Do not report activities that are assigned as part of your regular full-time position.)

Name of College _____________________________ Department or Division _____________________________

Teaching No. of No. of Supervision Counseling Other
No. of Courses hrs/wk. No. of hrs/wk. No. of hrs/wk. No. of hrs/wk.

_______ _________ _________ _________ _________ _________ _________ _________ __________

Dates:

From _____________________________ To _____________________________

C. Outside CUNY - Compensated and Uncompensated Activity - Current Semester

None [ ] Compensated [ ] Uncompensated [ ]

Nature of work _____________________________

________ hours per week for __________ weeks from __________ to __________

Employer/Institution/Organization _____________________________

Address _____________________________

* This form should be updated if changes in commitments occur during the semester.
D. All Paid Employment Including Self-Employment and Grant Funded Activities For the Prior Academic Year.

List below the nature and source of any outside employment and sources of honoraria, consultant or lecture fees, whether public or private, for the academic year September 1 - August 31. Do not list the amounts.

If this information was provided on your Fall Multiple Position Report Form you need only check the appropriate space below. If this information has not been reported, complete the section below.

None Information provided on Fall ______ semester Multiple Position Report Form ______ (year)

Nature of work

______ hours per week for ________ weeks from ________ to ________

Name of employer

Address of employer

Attach additional pages if necessary

E. I am aware of the Multiple Position regulations governing activities in addition to my regular full-time appointment at Borough of Manhattan College (CUNY).

I certify, that (check one):

______ I have no supplementary employment, grant funded or otherwise significant uncompensated activities.

______ My activities are within the limits set by these regulations.

______ My activities are above the limits set by these regulations.

Signature of Faculty Member: ____________________________ Date: ____________________________

F. Departmental Personnel and Budget Committee:

The Department P&B Committee [ ] recommends [ ] does not recommend approval of the activities listed above.

Date of Personnel and Budget Committee Meeting: ____________________________

Department Chairperson:

I certify that the hours reported are [ ] within [ ] above the limits set by the University’s Multiple Position Policy.

I [ ] recommend [ ] do not recommend approval of the hours reported above.

Department Chair (Signature) ____________________________ Date: ____________________________

Presidential Action: [ ] Approved

[ ] Other Action ____________________________

President/Designee (Signature) ____________________________ Date: ____________________________

OFSR 9/12/94

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