

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

Semester _____ Year _____

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. **This form should be updated if changes in commitments occur during the semester.** If more space is needed please attach additional sheets using the same format.

Report Date: _____

College: _____

(Print) Last Name First Name M.I.

Department

Rank (Specify title and tenure status)

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

A. I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at _____ College (CUNY).

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 _____ College.

Signature of Faculty Member: _____ Date: _____

B. I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at _____ College (CUNY).

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 (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.

Signature of Faculty Member: _____ Date: _____

