

# HEO SERIES

# NON-TEACHING INSTRUCTIONAL

# ONBOARDING AND RESOURCE GUIDE

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OFFICE OF HUMAN RESOURCES  
THE CITY COLLEGE OF NEW YORK

REVISED  
11/10/2023

# WELCOME TO CCNY!

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*We are thrilled to have you become a part of the  
CCNY family!*

*We look forward to a long and successful journey  
together.*



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# IMPORTANT KEY WORDS /TERMS

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- Blackboard – is a web-based course management program that enables students and faculty to participate in online classes and/or utilize online course materials to compliment face-to-face learning.
- CUNYfirst (CUNY's Fully Integrated Resources & Services Tool) – PeopleSoft based resource that manages the daily activities of students, faculty, and staff through three main work pillars – Campus Solutions, Human Capital Management (HR), and Financials.
- EMPL ID – Employee Identification number is a unique numerical identifier assigned to each CUNY employee. It is used in lieu of the social security number to identify employees in CUNYfirst.
- N Number – Payroll Identification number is unique a identifier assigned to CUNY (State) employees by The Office of the New York State Comptroller (OSC) , NYS Payroll System. It is is used, in lieu of the social security number, to identify employees in the NYS Payroll System. The N Number can be found on a NYS OSC issued paystub. Questions regarding N Numbers may be addressed to CCNY's Payroll Services at [payrollservices@ccny.cuny.edu](mailto:payrollservices@ccny.cuny.edu).
- PAF – Personnel Action Form is used to process employee actions such as, but not limited to appointments (hires), terminations, transfers and salary changes.



# IMPORTANT KEY WORDS /TERMS

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- CCNY – City College of New York is one of the 25 colleges part of the CUNY system.
- CUNY – City University of New York is 25 colleges spread across NYC's 5 boroughs.
- Human Resources Coordinator(HRC) – Department specific liaison to Human Resources.
- Professional Staff Congress (PSC) –The union that represents most faculty and staff at CUNY and CUNY Research Foundation.
- Research Foundation (RF) – is a non-profit education corporation that assists the University in the identification of opportunities, procurement, use and disposition of funds from the federal, state, and municipal government and other sources to support all research and sponsored programs at the University.

# IMPORTANT KEY WORDS /TERMS

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- Higher Education Officer (HEO) - Series Titles: Part of the non-teaching instructional staff of the University. They serve in various administrative roles.
- College Laboratory Technician (CLT) - Series Titles: Part of the non-teaching instructional staff of the University. They serve in various technical related roles.
- Research Assistant/Research Associate (RA) Titles: Part of the non-teaching instructional staff of the University. They participate in academic research activities.

# IMPORTANT KEY WORDS /TERMS

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- PSC-CUNY Collective Bargaining Agreement (CBA): Agreement that establishes matters such as wages, hours and other terms of employment.
- Excluded (vs. Included) Titles: Excluded titles are not covered by certain provisions of the CBA. Exclusion is typically based upon title or function. The provisions discussed in this document are applicable to both excluded and included titles unless expressed otherwise. For a complete list of excluded titles and the provisions from which they are excluded you may refer to Article I of the Collective Bargaining Agreement found here: <http://www.psc-cuny.org/contract/article-I-recognition>.

# HEO SERIES

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- The HEO series includes the following titles:
  - aHEO- Assistant to Higher Education Officer
  - HEa- Higher Education Assistant
  - HEA- Higher Education Associate
  - HEO- Higher Education Officer



# ASSISTANT TO HIGHER EDUCATION OFFICER

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- An Assistant to Higher Education Officer (aHEO) shall, generally under the supervision of a higher education officer or university dean or college dean, perform administrative duties as may be assigned to them.
- For appointment as Assistant to Higher Education Officer (aHEO) , must possess a baccalaureate degree from an accredited institution.
- An Assistant to Higher Education Officer who holds a master's degree from an accredited university in a field related to their work will receive an annual salary differential of \$1,000. Employees in the Assistant to Higher Education Officer (aHEO) title who hold a doctorate in a job-related field from an accredited university will receive an annual salary differential of \$2,500.

# HIGHER EDUCATION ASSISTANT

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- The duties of a Higher Education Assistant (HEa) are generally to serve as an assistant to one of the major educational officers of a college or the university with responsibility for a limited area of planning, research or professional and/or administrative duties as may be assigned.
- For appointment as HEa, must possess at least a baccalaureate degree from an accredited institution and had at least four years of experience four (4) years of experience

# HIGHER EDUCATION ASSOCIATE

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- The duties of a Higher Education Associate (HEA):
  - **a.** To serve as deputy for a higher education officer or
  - **b.** To assume administrative responsibility, in most instances under the general supervision of a university or college dean for some major area of university or college activity, such as institutional research, campus planning and development, coordination of relations with community and civic groups, supervision and coordination of all educational data processing, coordination of applications to federal, state, and private foundations for educational grants, direction of specific specialized campus activities or
  - **c.** To function as executive assistant to the chancellor or president
  - **d.** To develop some major aspect of new programs
- Requires at least a baccalaureate degree and must possess at least six years of related experience

# HIGHER EDUCATION OFFICER

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- The duties of a Higher Education Officer (HEO) are:
  - **a.** To assume full administrative responsibility for some major area of university or college activity, such as institutional research, campus planning and development, coordination of relations with community and civic groups, supervision and coordination of all educational data processing, coordination of applications to federal, state, and private foundations for educational grants, direction of specific specialized campus activities or
  - **b.** To function as executive assistant to the chancellor or president
  - **c.** To develop some major aspect of new programs
- Requires at least a baccalaureate degree and must possess at least eight years of related experience



# HEO SERIES APPOINTMENTS / REAPPOINTMENTS

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- The normal appointment year for employees in the HEO series shall be July 1 through June 30. Appointments effective on or after July 1 but on or before September 1 shall be considered as if they were full-year appointment for purposes of applying Article 13 of the PSC/CUNY CBA.
- Included employees who are hired effective September 1, 1987 or later who continue to serve in the same title and are covered by the PSC/CUNY CBA shall generally be subject to the following appointment and reappointment schedule:
  - First full year appointment— one year
  - First reappointment — one year
  - Second reappointment— one year
  - Third reappointment— one year
  - Fourth reappointment— two years
  - Fifth reappointment— two years

# HEO APPOINTMENTS / REAPPOINTMENTS / NON-REAPPOINTMENTS

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- \*\*\* Excluded employees are subject to the reappointment process on an annual basis.
- Please consult the PSC-CUNY CBA for further Guidance on this topic: <http://www.psc-cuny.org/contract/article-13-appointments-and-reappointments-higher-education-officer-heo-series>
- Written notice of non-reappointment must be given on or before April 1. However, for employees who first assumed their position on or after October 1 of the preceding year, the notice of non-reappointment (for first reappointment only) shall be given on or before May 1.

# HEO SERIES REAPPOINTMENTS AND CERTIFICATE OF CONTINUAL ADMINISTRATIVE SERVICE

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- Upon recommendation of the President and approval of the Board of Trustees, an included employee who is granted a subsequent reappointment after the 5th reappointment, shall receive a Certificate of Continual Administrative Service (“13.3 b”). Such an employee shall not be subject to annual or multi-year reappointments.
- This does not apply to employees who are in an excluded title. Employees in an excluded title are always considered for annual reappointments.

# HEO SERIES RECLASSIFICATION/ REASSIGNMENTS (CHANGES IN FUNCTIONAL TITLE):

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- Reclassification recognizes the logical changes in a position's functions and responsibilities over a period of time that significantly affect the scope, impact and complexity of the job so as to render the current HEO series title inappropriate.
- The criterion for reclassification approval is that the preponderance of duties and job requirements currently fall appropriately in the higher HEO series title. This change in classification may be merited because of an accretion of duties, a significant increase in the volume of work that has the effect of transforming the scope and complexity of the work, a reorganization of functions, a legal mandate changing the nature of the work, or some other significant alteration in the duties previously assigned.
- Reassignments - Reassignments are the prerogative of the college. A person may only be reassigned to perform duties appropriate to their title.





# WORKLOAD

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- Members of the non-classroom instructional staff shall have a workweek of thirty-five (35) hours as assigned.
- Employees shall not be required to work an excessive number of hours, or to be assigned an unreasonable schedule, it being recognized by the parties that members of the staff have the obligation to perform their responsibilities in keeping with the proper staffing of the day session, evening session, summer session, extension divisions and special programs of the University.



## FLSA STATUS AND OVERTIME /COMPENSATORY TIME

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- Non-Teaching Instructional employees represented by the PSC who are exempt and non-exempt under the FLSA and who are assigned by their supervisor to work more than 35 hours during the workweek shall receive compensatory time, on an hour for hour basis, for hours assigned between 35 and 40 hours. Prior approval is required.
- Employees who are exempt under the FLSA and who are assigned by their supervisor to work in excess of 40 hours during the workweek shall receive compensatory time, on an hour for hour basis for hours assigned in excess of 40 hours a week. Prior approval is required.
- Employees who are non-exempt under the FLSA shall receive overtime payment at the rate of time and one-half for the hours worked in excess of 40 hours in a week. Prior approval is required.
- The general rule for non-teaching instructional staff is that any assigned hours beyond the 35-hour workweek must be approved in advance in writing by the manager or supervisor and by such administrator(s) as designated by the College President.



## USE OF COMPENSATORY TIME

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- Compensatory time earned during a quarter of the academic year (September 1 – August 31) shall be scheduled to be used as promptly as possible within the quarter but no later than thirty (30) calendar days after the end of the quarter in which the compensatory time was earned. The use of compensatory time shall be scheduled by the supervisor, in consultation with the employee.



# PERFORMANCE EVALUATIONS

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- Preferably once each semester, but at least once a year, employees in the HEO series are required to have an evaluation conference with their chairperson or supervisor. No parties other than the evaluator and the employee are permitted to attend the conference unless otherwise requested by the employee.
- During the conference, the employee's total performance and professional progress shall be reviewed for the time frame indicated on the evaluation. The annual evaluations shall state whether the evaluation is satisfactory or unsatisfactory and will form the basis for reappointment.
- Following the conference, the evaluator shall prepare a record of the evaluation discussion in memorandum form for inclusion in the employee's personal file. The evaluation memorandum should reflect both the employee's and the supervisor's input from the conference. A copy of the memorandum shall be given to the employee within ten (10) working days following the conference. Employees are able to write a response to an evaluation provided by a supervisor. This response will be included in the employee's personnel file.
- This policy and evaluation of job performance is pursuant to Article 18.3(b) of the PSC/CUNY Collective Bargaining Agreement. A performance evaluation is intended to encourage the improvement of individual professional performance and to provide a basis for future personnel decisions.





# TIMESHEET

- Employees must complete the electronic timesheet via the e-Central Timekeeping portal on a bi-weekly basis:  
<https://portal.ccny.cuny.edu/depts/hr/timesheet/signin.php>
- Timesheets are due the following Monday after payday
- An Instructional videos are available on line:  
<https://www.ccny.cuny.edu/hr/electronic-central-timekeeping-portal-e-ct>
- For questions, please contact:  
[timeandleave@ccny.cuny.edu](mailto:timeandleave@ccny.cuny.edu)

The City College  
of New York

**Sign-in to Access Fulltime Employees Timesheet**

Sign in with your CCNY Account

Sign in

[I can't access my account](#)



# MULTIPLE POSITION (MP)

- A multiple position is an assignment to a different job than the employee's regular full-time employment. A continuation of the employee's normal work at the employee's college of full time employment beyond the hours specified in the collective bargaining agreement is not a multiple position.
- No multiple position may be assigned during the employee's normal working hours.
- Prior approval is required. Form is available on the HR website: <https://www.cuny.edu/sites/default/files/2020-01/CCNYHEO-Multiple%20Position%20Form-6-10-16.pdf>
- MP work hours limitations:  
Limited to an average of three classroom contact hours per week for teaching assignments or six hours per week for non-teaching assignments University-wide.

**CUNY** The City University of New York

**APPLICATION FOR MULTIPLE POSITION FOR NON-TEACHING INSTRUCTIONAL STAFF  
HIGHER EDUCATION SERIES; COLLEGE LABORATORY TECHNICIAN SERIES;  
RESEARCH ASSOCIATES AND RESEARCH ASSISTANTS**

This form is to be used by full-time Instructional Staff employees in the Higher Education Officer and College Laboratory Technician Series titles and by Research Associates and Research Assistants who seek to engage in teaching and/or non-teaching assignments at the college of full-time employment or in another CUNY college, in addition to their regular, full-time assignment.

A multiple position is an assignment that is **different from, and in addition to,** the employee's regular full-time assignment.

- A continuation of the employee's normal work at the employee's college of full-time employment beyond the hours specified in the collective bargaining agreement is **not** a multiple position.
- Questions on whether an additional assignment is different from the regular full-time assignment should be addressed to Human Resources.
- In instances where the assignment is a continuation of an employee's regular full-time assignment, please refer to the HEO Compensatory Time Agreement and FLSA overtime regulations, as applicable.

Employment on a multiple position is limited to an average of **three classroom contact hours per week for teaching assignments OR six hours per week for non-teaching assignments University-wide.** Under special circumstances, the President may approve an **additional teaching assignment** of up to three classroom contact hours.

Employees shall be paid the appropriate contractual non-teaching adjunct rate for non-teaching assignments, the appropriate contractual hourly rate on the CLT, Senior CLT or Chief CLT Adjunct Schedule for work in said titles, or the appropriate teaching adjunct rate for teaching assignments and psychological counseling.

HEO series and CLT series employees and Research Assistants who are FLSA Non-Exempt and who work more than 40 hours due to their multiple position are eligible for overtime compensation (time and one half). The college where the multiple position is located and where the employee is working the hours over 40 is responsible for the payment of overtime.

No multiple position work may be undertaken during an employee's normal working hours. Article 15.4 (d) of the PSC-CUNY contract prohibits a split schedule which is defined as a schedule in which the hours are not consecutive except for meal periods. The HR Director's signature serves as verification and approval that any modification to the start and/or end time(s) of the employee's regular, full-time work schedule has been done in consultation with the employee's supervisor of the full-time position.

**Multiple Position Assignment at the college of full-time employment:**  
Employees must submit this form to the Office of Human Resources at the college of full-time employment **prior** to commencing the multiple position assignment.

**Multiple Position Assignment at another college of CUNY:**  
Employees considered for a multiple position assignment at a CUNY college other than at the college of full-time employment must give written notice (this form) to the Director of HR at the college where the multiple position assignment is located. The Office of Human Resources at the college where the multiple position assignment is located will forward this form to the HR Office at the college of full-time employment, prior to the employee commencing the assignment.

**Employee's Full-time Position Information (to be completed by employee)**

Name  Contract Title

College of Full-time Employment

Supervisor's Name  Campus Phone #

**Regular Work Schedule (indicate start and end times, e.g., 9 a.m. - 5 p.m.)**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**MULTIPLE POSITION INFORMATION (to be completed by employee)**

Teaching

College where multiple position is located

Semester/Year  Multiple Position Contract Title

Course Name or #  Classroom Contact Hours

**Work Schedule for multiple position (indicate start and end times, e.g., 5 p.m. - 7 p.m.)**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

CHNY - Multiple Position Form for Non-Teaching Instructional Staff 2016 (Page 1)

# ONBOARDING

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- In order to begin the onboarding process, an HR representative will provide you with a New Hire Packet.
- The New Hire Packet consists of the following documents:
  - ✓ PAF
  - ✓ Payroll forms
  - ✓ CUNY Employment Application Part One through Four
  - ✓ CUNY Print & Sign Forms
  - ✓ Form I-9





# ONBOARDING – PERSONNEL ACTION FORM (PAF)

- The PAF is what informs HR of what action to take.
- This document is typically completed by your department and partially completed by you.
- It includes biographical, pay, and other important information.

**THE CITY UNIVERSITY OF NEW YORK  
CITY COLLEGE  
PERSONNEL ACTION FORM**

Date \_\_\_\_\_

TYPE OF APPOINTMENT	CATEGORY	WAIVERS	SEPARATIONS	TYPE OF LEAVE	LEAVE STATUS
<input type="checkbox"/> Initial	<input type="checkbox"/> Instructional (Annual)	<input type="checkbox"/> By Law	<input type="checkbox"/> Resignation	<input type="checkbox"/> Fellowship	<input type="checkbox"/> With Pay
<input type="checkbox"/> Reappointment	<input type="checkbox"/> Instructional (Hourly)	<input type="checkbox"/> Search	<input type="checkbox"/> Transfer to	<input type="checkbox"/> Retirement/Travla	<input type="checkbox"/> With Pay
<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Other	<input type="checkbox"/> Retirement	<input type="checkbox"/> Temporary	<input type="checkbox"/> With Incrsm
<input type="checkbox"/> Transfer to:	<input type="checkbox"/> Non-Tax Levy		<input type="checkbox"/> Cancellation	<input type="checkbox"/> Disability/FMLA	<input type="checkbox"/> With Incrsm
<input type="checkbox"/> Transfer from:	<input type="checkbox"/> Provisional		<input type="checkbox"/> Termination	<input type="checkbox"/> Special	<input type="checkbox"/> With Pension
<input type="checkbox"/> Salary Changes	<input type="checkbox"/> Permanent		<input type="checkbox"/> Non-Reappointment	<input type="checkbox"/> Military	<input type="checkbox"/> With Pension
<input type="checkbox"/> Other	<input type="checkbox"/> Temporary Provisional		<input type="checkbox"/> Temporary Provisional	<input type="checkbox"/> Leave to Serve in another title	<input type="checkbox"/> With Pension
	<input type="checkbox"/> Probationary		<input type="checkbox"/> Other	<input type="checkbox"/> SL/CAC	
	<input type="checkbox"/> Tenure			<input type="checkbox"/> Other	

Name \_\_\_\_\_ Dept. \_\_\_\_\_  
 Home Address \_\_\_\_\_ Payroll Title \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Functional Title \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Position # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ FAS # \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ I-9 Form \_\_\_\_\_  
 Relationship (optional) \_\_\_\_\_ Dept. Supervisor \_\_\_\_\_  
 Effective Date: From \_\_\_\_\_ To \_\_\_\_\_ Employee Est. \_\_\_\_\_ CCNY E-Mail \_\_\_\_\_  
 Salary \_\_\_\_\_ Per Year \_\_\_\_\_ Per Hour \_\_\_\_\_ # of Hours \_\_\_\_\_ Professional Hours \_\_\_\_\_ Total Hours \_\_\_\_\_

Gender:  Decline to Self-Identify  Female  Gender Non-Conforming  Male  Non-Binary  Transgender  
 Ethnic Background:  American Indian  Black  Asian/Pacific Islander  White  Hispanic  Hispanic P/R  Italian American  
 U.S. Citizen:  Yes  No  
 Resident Alien:  Visa Type \_\_\_\_\_ Country of Birth \_\_\_\_\_  
 Waiver Status:  Yes  No

HIGHEST DEGREE \_\_\_\_\_ MAJOR \_\_\_\_\_ DATE \_\_\_\_\_ INSTITUTION \_\_\_\_\_  
 Currently a matriculated CUNY Student:  Graduate  Undergraduate  No  
 If yes, College or Unit \_\_\_\_\_ Program \_\_\_\_\_  
 Full Time  Part Time  
 Concurrent CUNY employment:  Yes  No  
 If yes, Title: \_\_\_\_\_ Department: \_\_\_\_\_ College: \_\_\_\_\_  
 Prior City Service (including CUNY):  Yes  No  
 Retired from City Service (New York City or New York State):  Yes  No (If yes, attach details)

Print/Type Name: \_\_\_\_\_ Date \_\_\_\_\_  
 PERSONNEL OFFICE/DEAN  
 Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 SIGNATURE  
 BUDGET DIRECTOR/DEANEE  
 Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Comments: \_\_\_\_\_

Rev. 6/1/2011



# ONBOARDING – CUNY NEW HIRE APPLICATION PART I THROUGH 4

- The CUNY New Hire Application consists of four parts that must be completed and signed.
- Part 1 – Educational and Professional Background
- Part 2 – Confidential Criminal Background
- Part 3 – Public Service Certifications and Pension/Retirement Benefits
- Part 4 – Additional Licenses and Certifications

**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART ONE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 College: \_\_\_\_\_ Department: \_\_\_\_\_

Check here if you are a CUNY Doctoral Student

**Important Notice to Applicants**

**Our Commitment to Diversity**  
 Diversity and inclusion are core values of The City University of New York (CUNY) or The University. We believe adherence to these values creates an environment that best allows our students, faculty and staff to learn, work and succeed. As a University, we strive to respect differences, but more importantly, we seek to leverage the talents of all members of the University community in order to foster academic and administrative excellence. This is our core CUNY purpose plan to learn and work!

**Notice of Non-Discrimination**  
 It is the policy of this University applicable to all colleges and units to recruit, employ, retain, promote, and provide benefits to employees and to select and provide services for students without discrimination on the basis of actual or perceived race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender, gender identity, marital status, partnership status, disability, genetic information, citizenship, citizenship or veteran status, pregnancy, status as a victim of domestic violence/harassment/offense, unemployment status, caregiver of an individual status, other reason of arrest or conviction, or any other legally prohibited basis in accordance with federal, state and city laws. This policy is set forth in CUNY's Policy on Equal Opportunity and Non-Discrimination.

CUNY's Policy on Sexual Harassment prohibits all forms of sexual misconduct, including sexual harassment, gender harassment and sexual violence.

It is also the University's policy to provide reasonable accommodations and academic adjustments, when appropriate, to individuals with disabilities, individuals observing religious practices, individuals who have pregnancy or child birth related medical conditions and victims of domestic violence/harassment/offense.

Inquiries or complaints relating to CUNY's Policy on Equal Opportunity and Non-Discrimination should be addressed to the College's Chief Diversity Officer. Inquiries or complaints relating to CUNY's Policy on Sexual Harassment or about sex discrimination, should be addressed to the College's Title IX Coordinator or to the Office for Civil Rights of the United States Department of Education.

**Disability Accommodation Available for Applicants**  
 If you require an accommodation for a disability in order to participate in the selection process, please contact the College's Office of Human Resources.

**City Aid**  
 CUNY complies with the City Aid. Copies of each college's Annual Security Report, which includes security policies and crime statistics, are available in the Office of Public Safety and on each college's website.

Rev. 11/2020 CUNY Employment Application Part One 1

**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART TWO**  
**POST CONDITIONAL OFFER**

This form should be completed only after a conditional job offer has been made.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 College: \_\_\_\_\_ Department: \_\_\_\_\_  
 Position: \_\_\_\_\_ Check here if you are a CUNY Doctoral Student

**Post Conditional Offer Verifications and Checks**

**Employment Eligibility and Identity Requirements Verification**  
 Newly hired employees must complete Section 3 of the Dept. of Homeland Security/U.S. Citizenship & Immigration Services Form I-9 no later than the first day of employment. CUNY is required to verify evidence of identity and employment authorization within 3 business days of the employer's first day of employment.

**Verification of Credentials**  
 Academic and professional credentials, as submitted in CUNY Employment Application Part 1, will be verified by the college.

**Criminal Background Check**  
 As a candidate with a conditional offer of employment, you may provide criminal background information. For some positions, criminal history reports may also be required. CUNY will consider your criminal history in accordance with Article 23 of the New York State Correction Law.

A conviction report will not necessarily disqualify you from the position for which you are applying. However, failure to provide truthful responses will, when discovered, automatically result in the withdrawal of the conditional offer of employment or your termination, if employed.

Before any adverse action is taken based on a previous criminal conviction, CUNY will:

- Provide a written Article 23 analysis to the candidate in a form determined by the New York City Commission on Human Rights (NYCCHR), together with any and all supporting information and documents which formed the basis and reasons for the adverse action; and
- Offer counseling for candidates with the relevant conviction. Also, you may do so for at least three business days to respond and, during that time, hold the position open for the candidate.

**Credit History Check, Medical Certification, Medical Examination, Drug Screening, and Physical Ability and Fitness Assessment**  
 For some positions, a credit history, medical certification, medical examination, drug test, and/or physical ability and fitness assessment may be required as a condition of employment. CUNY processes all information per applicable laws.

Rev. 11/2020 CUNY Employment Application Part Two 2

**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 termination of the retiree's public pension benefits.

**Note:** Retirees who are under age 62 and are collecting a pension may receive an annual income of up to \$30,000 (Pension Replacement) in addition to public employment without termination of their pension benefits.

1. Candidates for employment must submit this form to the Office of Human Resources, upon their appointment.  
 2. All full-time and part-time employees are responsible for completing this form, should their status change.  
 3. Applicants who are retirees 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 (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, not have 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 retirement-eligible official of New York State.

I am a New York State legislative employee.

I am a member of the New York State Legislature.

I am a New York State officer or employee (other than CUNY employee) and I receive compensation other than on a part-time basis.

Rev. 11/2020 CUNY Employment Application Part 3 3

**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART FOUR**  
**LICENSE OR PROFESSIONAL REGISTRATION APPLICATION**

LICENSES AND PROFESSIONAL REGISTRATIONS MAY BE REQUIRED FOR CERTAIN TITLES.

CANDIDATES FOR EMPLOYMENT WHO ARE REQUIRED TO HAVE A CURRENT LICENSE OR PROFESSIONAL REGISTRATION MUST SUBMIT THIS FORM AT THE TIME OF OFFER, PRIOR TO ANY APPOINTMENT. COPY OF LICENSE OR REGISTRATION MAY BE REQUIRED.

EMPLOYEES ARE RESPONSIBLE FOR MAINTAINING CURRENT LICENSE, PROFESSIONAL REGISTRATION AND MUST UPDATE THE RECORDS IN THE OFFICE OF HUMAN RESOURCES.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 College: \_\_\_\_\_ Department: \_\_\_\_\_  
 Contract Title: \_\_\_\_\_ Full Time  Part Time

Name of License/Registration: \_\_\_\_\_  
 Name of Issuing Agency: \_\_\_\_\_  
 License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Date Last Renewed: \_\_\_\_\_ Renewal #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever had this license, certificate or permit suspended or revoked? Yes  No

If yes, provide details: \_\_\_\_\_

Name of License/Registration: \_\_\_\_\_  
 Name of Issuing Agency: \_\_\_\_\_  
 License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Date Last Renewed: \_\_\_\_\_ Renewal #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever had this license, certificate or permit suspended or revoked? Yes  No

If yes, provide details: \_\_\_\_\_

# ONBOARDING – PAYROLL FORMS

- Payroll Forms include the IRS Form W-4, NYS IT-2104, and a Direct Deposit form.
- W-4 – Federal Tax Withholding Form
- IT-2104 – NY State Tax Withholding Form
- Direct Deposit Form – The form needed to enroll in direct deposit. This form MUST be paired with a copy of a voided check.
- If you require any assistance with completing a tax withholding form, you should consult a tax professional.

**W-4 Employee's Withholding Certificate**  
OMB No. 1545-0046  
2021  
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

**Step 1: Personal Information**  
 (a) First name and middle initial: [ ] Last name: [ ]  
 (b) Social security number: [ ]  
 (c) Home address: [ ]  
 (d) City or town, state, and ZIP code: [ ]

**Step 2: Multiple Jobs or Spouse/Works**  
 (a)  Single or married filing separately  
 Married filing jointly or qualifying widow(er)  
 Head of household (check one if you are married and you have filed for a divorce or legal separation)  
 Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.  
 (b) Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.  
 Do only one of the following:  
 (i) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (see Steps 3-4), or  
 (ii) Use the tables below to determine an amount to enter in Step 4c below for roughly accurate withholding; or  
 (iii) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**Step 3: Claim Dependents**  
 (a) If your total income will be \$200,000 or less, \$400,000 or less, or \$600,000 or less, enter the number of qualifying children under age 17 by 8/2001.  
 (b) Multiply the number of other dependents by \$500.  
 Add the amounts above and enter the total here: [ ]

**Step 4 (optional): Other Adjustments**  
 (a) Other income not from this job. If you want tax withheld for other income, enter the amount of other income (interest, dividends, and retirement income).  
 (b) Deductions. If you expect to claim deductions other than the standard deduction, enter the amount of other deductions you expect to claim and the amount you want to reduce your withholding. Use the Deductions Worksheet on the back of this form.  
 (c) Extra withholding. Enter any additional tax you want withheld: [ ]

**Step 5: Sign Here**  
 Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true and correct.  
 Employee's signature (This form is not valid unless you sign it): [ ]  
 Employer's name and address: [ ]

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

**NEW YORK STATE Employee's Withholding Allowance Certificate IT-2104**  
Department of Taxation and Finance  
New York State - New York City - Yonkers

For name and middle initial: [ ] Last name: [ ]  
 Your Social Security number: [ ]  
 Prepayment home address (number and owner or care name): [ ] Apartment number: [ ]  
 City, village or post office: [ ] State: [ ] ZIP code: [ ]  
 Are you a resident of New York City?  Yes  No  
 Are you a resident of Yonkers?  Yes  No

Complete the worksheet on page 4 before making any entries.  
 1. Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 1B): [ ]  
 2. Total number of allowances for New York City (from line 2F): [ ]  
 Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer:  
 3. New York State amount: [ ]  
 4. New York City amount: [ ]  
 5. Taxable amount: [ ]

I certify that I am entitled to the number of withholding allowances claimed on this certificate.  
 Employer's signature: [ ] Date: [ ]

Remember: A number of 0000 means that you have no withholding allowances claimed that decreases the amount of money you have withheld for your records.

**DIRECT DEPOSIT FORM FOR NYS EMPLOYEES**  
RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE AC 2772 (REV 01/2021)

**SECTION A: EMPLOYEE INFORMATION (REQUIRED)**  
 NAME (LAST, FIRST, MI) NYS EMPID# LAST 4 SSN  
 PHONE (AREA CODE + PHONE NUMBER) WORK EMAIL  
 HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)

**SECTION B: BALANCE ACCOUNT INFORMATION (REQUIRED)**  
 Participating in Full Direct Deposit requires one balance account; this account will receive any excess of funds after all other distributions are deposited as indicated. The balance account designated will be sent in the deposit order. If separate amounts, such as travel reimbursements, will be deposited in the balance account, if no other accounts are listed, the full net pay will be deposited into the balance account. The employee's name must appear on the account. A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for the balance account.  
**BALANCE ACCOUNT INFORMATION** ACTION  New  Change Account  Add/Change Joint Account Holder  
 FINANCIAL INSTITUTION ROUTING #  
 TYPE  Checking  Savings ACCOUNT #  
 FINANCIAL INSTITUTION DISTRIBUTION \$ \_\_\_\_\_ or \_\_\_\_\_ %  
**SECTION C: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)**  
 Up to seven fixed amount or percentage deposits may be processed in addition to the balance account listed in Section B. The employee's name must appear on the account(s). A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for each account listed.  
**DEPOSIT ORDER 1** ACTION  Add  Change Distribution  Add/Change Joint Account Holder  Cancel  
 FINANCIAL INSTITUTION DISTRIBUTION \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 TYPE  Checking  Savings ACCOUNT #  
**DEPOSIT ORDER 2** ACTION  Add  Change Distribution  Add/Change Joint Account Holder  Cancel  
 FINANCIAL INSTITUTION DISTRIBUTION \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 TYPE  Checking  Savings ACCOUNT #  
**DEPOSIT ORDER 3** ACTION  Add  Change Distribution  Add/Change Joint Account Holder  Cancel  
 FINANCIAL INSTITUTION DISTRIBUTION \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 TYPE  Checking  Savings ACCOUNT #  
**DEPOSIT ORDER 4** ACTION  Add  Change Distribution  Add/Change Joint Account Holder  Cancel  
 FINANCIAL INSTITUTION DISTRIBUTION \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 TYPE  Checking  Savings ACCOUNT #  
**DEPOSIT ORDER 5** ACTION  Add  Change Distribution  Add/Change Joint Account Holder  Cancel  
 FINANCIAL INSTITUTION DISTRIBUTION \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 TYPE  Checking  Savings ACCOUNT #  
**DEPOSIT ORDER 6** ACTION  Add  Change Distribution  Add/Change Joint Account Holder  Cancel  
 FINANCIAL INSTITUTION DISTRIBUTION \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 TYPE  Checking  Savings ACCOUNT #  
**DEPOSIT ORDER 7** ACTION  Add  Change Distribution  Add/Change Joint Account Holder  Cancel  
 FINANCIAL INSTITUTION DISTRIBUTION \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 TYPE  Checking  Savings ACCOUNT #  
 Page 1 of 2

# ONBOARDING – CUNY PRINT & SIGN FORMS

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- The CUNY Print & Sign forms consist of the following:
  - Personal Data Form
  - Emergency Contact Information
  - Statement of Citizenship
  - Emergency Evacuation Assistance
  - Voluntary Self-Identification for Employees
  - Veteran Status
  - Voluntary Self-Identification of Disability
  - Orientation for IT Security
  - Oath Upon Appointment
  - CUNY Policy Checklist
  - Authorization to Release Reference Information





# ONBOARDING – FORM I-9

- Form I-9 verifies your identify and your authorization to work.
- Page 1 must be completed by you, the employee.
- Page 2 must be completed by your Department HRC
- Page 3 is the List of Acceptable Documents you may present to your Department HRC to verify your identity and your authorization to work.

**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

USCIS  
 Form I-9  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 1: Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) \_\_\_\_\_ First Name (Given Name) \_\_\_\_\_ Middle Initial \_\_\_\_\_ Other Last Names Used (if any) \_\_\_\_\_

Address (Street Number and Name) \_\_\_\_\_ Apt. Number \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ U.S. Social Security Number \_\_\_\_\_ Employee's E-mail Address \_\_\_\_\_ Employee's Telephone Number \_\_\_\_\_

I am aware that federal law provides for imprisonment and/or fines for false statement in connection with the completion of this form.  
 I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States.  
 2. A noncitizen national of the United States (See instructions).  
 3. A lawful permanent resident (Alien Registration Number/USCIS Number: \_\_\_\_\_).  
 4. An alien authorized to work \_\_\_\_\_ until (expiration date, if applicable, mm/dd/yyyy).

Some aliens may write "NA" in the expiration date field. (See instructions).

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
 OR  
 2. Form I-94 Admission Number: \_\_\_\_\_  
 OR  
 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Today's Date \_\_\_\_\_

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee (Fields below must be completed and signed when preparer(s) and/or translator(s) assist an employee, under penalty of perjury, that I have assisted in the completion of Section 1 of knowledge the information is true and correct.)

Signature of Preparer or Translator \_\_\_\_\_  
 Last Name (Family Name) \_\_\_\_\_ First Name (Given Name) \_\_\_\_\_  
 Address (Street Number and Name) \_\_\_\_\_ City or Town \_\_\_\_\_

Employee Completes Next Page

Form I-9 10/21/2019

**LISTS OF ACCEPTABLE DOCUMENTS**  
 All documents must be UNEXPIRED  
 Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-796) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport and, b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-242) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

For persons under age 18 who are unable to present a document listed above:

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

USCIS  
 Form I-9  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2: Employer or Authorized Representative Review and Verification**  
 (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1: Last Name (Family Name) \_\_\_\_\_ First Name (Given Name) \_\_\_\_\_ MI \_\_\_\_\_ Citizenship/Immigration Status \_\_\_\_\_

Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title _____		Document Title _____		Document Title _____
Issuing Authority _____		Issuing Authority _____		Issuing Authority _____
Document Number _____		Document Number _____		Document Number _____
Expiration Date (if any) (mm/dd/yyyy) _____		Expiration Date (if any) (mm/dd/yyyy) _____		Expiration Date (if any) (mm/dd/yyyy) _____

on \_\_\_\_\_ OR Code Section 2.1.1 On the reverse of this page

I used the document(s) presented by the above-named employee, as to the employee named, and (3) to the best of my knowledge the (See instructions for exemptions.)

mm/dd/yyyy Title of Employer or Authorized Representative \_\_\_\_\_  
 Authorized Representative \_\_\_\_\_ Employer's Business or Organization Name \_\_\_\_\_  
 City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

(Signed by employer or authorized representative.)  
 A. Middle Initial \_\_\_\_\_ B. Date of Signature (if applicable) \_\_\_\_\_  
 Date (mm/dd/yyyy) \_\_\_\_\_

(Provide the information for the document or receipt that establishes employment.)  
 Document Number \_\_\_\_\_ Expiration Date (if any) (mm/dd/yyyy) \_\_\_\_\_

This employee is authorized to work in the United States, and if hired appear to be genuine and to relate to the individual.  
 (S)/yyyy Name of Employer or Authorized Representative \_\_\_\_\_

Page 2 of 3



YOU'VE COMPLETED AND SUBMITTED ALL OF  
YOUR ONBOARDING PAPERWORK.

NOW WHAT?

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# EMAIL, CUNYFIRST (CF) & BLACKBOARD ACCESS

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- Once your Onboarding Paperwork is processed, your CUNYfirst and email accounts will be created
- IT will notify your supervisor of your email address and CUNYfirst EMPL ID, which is required to access your CF and Blackboard accounts.
- Your supervisor will provide you with your email address and CF EMPL ID.



# ACTIVATE YOUR EMAIL ACCOUNT

- All official CCNY communications will be sent to your CCNY email account.
- You must activate your email account in order to begin using it.
- To activate your email account, visit <https://www.ccny.cuny.edu/it/e-mail> , under Faculty/Staff click 'Activate Account'
- On the following page, select Option A to activate your email account.
- You will then be prompted to enter your personal information and a new password.
- Once completed, your email account will be activated.

**Faculty and Staff Password Reset**

Select One of Two Options Below:

**Option A**  
Choose this option if:

- ▶ You need to activate your email account

OR

- ▶ Forgot your password and need to reset it
- ▶ Want to look up your EMPLID and/or email address

Select >

**Option B**  
Choose this option if:

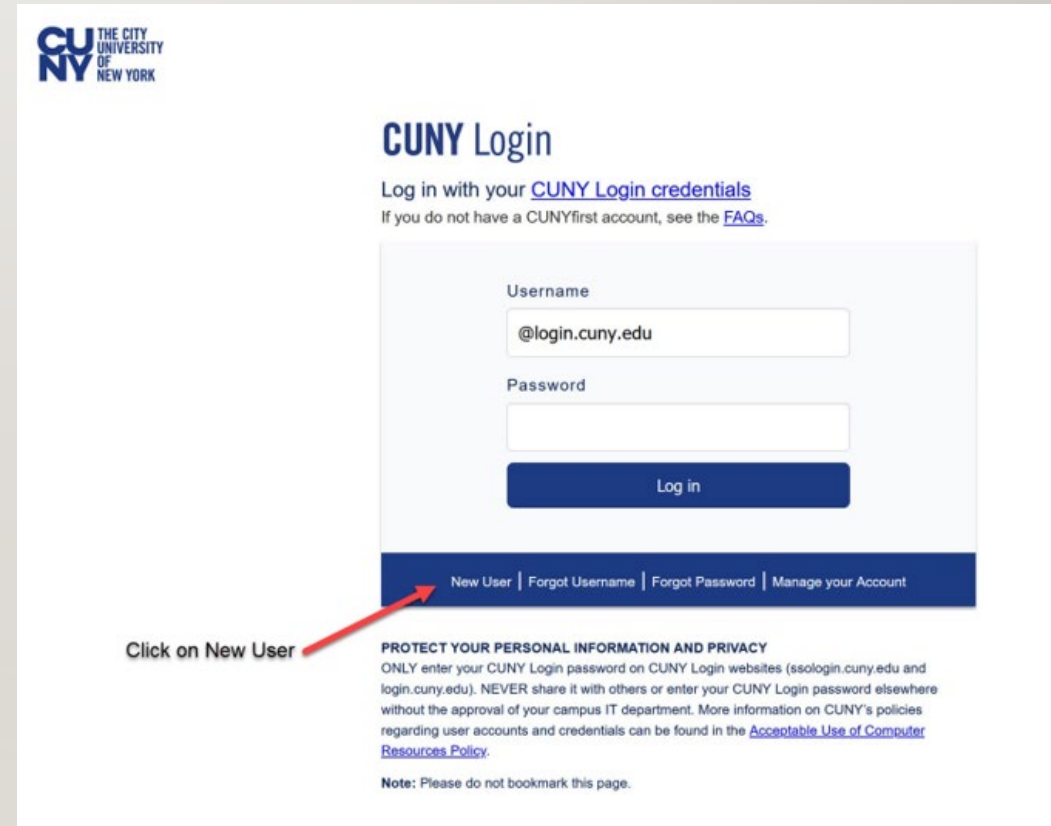
- ▶ You know your password and would like to change it or
- ▶ Want to test your password or

Select >

Click on Option A to activate your email account

# CLAIM YOUR CUNYFIRST ACCOUNT

- To begin using CUNYfirst and Blackboard you must first claim your CF account.
- To claim your CF account, go to <https://home.cunyfirst.cuny.edu/> .
- On the Login page, click 'New User' (*first name.last name.last two digits of EMPL ID @login.cuny.edu*)
- You will then be prompted to enter your personal information and a new password.
- Once completed, your CUNYfirst account will be activated.



The screenshot shows the CUNY Login page. At the top left is the CUNY logo (The City University of New York). The main heading is "CUNY Login". Below it, the text says "Log in with your [CUNY Login credentials](#)" and "If you do not have a CUNYfirst account, see the [FAQs](#)." The login form has two input fields: "Username" with the text "@login.cuny.edu" and "Password". Below the fields is a blue "Log in" button. At the bottom of the form is a dark blue bar with links: "New User | Forgot Username | Forgot Password | Manage your Account". A red arrow points from the text "Click on New User" to the "New User" link. Below the form is a privacy notice: "PROTECT YOUR PERSONAL INFORMATION AND PRIVACY ONLY enter your CUNY Login password on CUNY Login websites (ssologin.cuny.edu and login.cuny.edu). NEVER share it with others or enter your CUNY Login password elsewhere without the approval of your campus IT department. More information on CUNY's policies regarding user accounts and credentials can be found in the [Acceptable Use of Computer Resources Policy](#)." At the very bottom, a note says "Note: Please do not bookmark this page."





# PAYROLL

- Payments are produced by the NYS Office of the State Comptroller.
- We strongly encourage submitting your new hire paperwork early to your department HRC to avoid any delays in your first paycheck.
- Your first paycheck will be mailed to the home address indicated on your PAF and is expected to arrive on or close to the day your paycheck is due.
- For subsequent payments, we strongly encourage you to enroll in [Direct Deposit](#) to avoid any paychecks becoming lost in transit. Please note that check replacements may take 6-8 weeks.
- Paystubs are mailed to your home address on or close to the day your direct deposit is due.
- For any additional questions regarding your payroll, please contact [payrollservices@ccny.cuny.edu](mailto:payrollservices@ccny.cuny.edu).

# NEW YORK STATE PAYROLL ONLINE

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CUNY employees on New York State payroll can now access New York State Payroll Online (NYSPO), a service offered through NY.gov which allows employees on the New York State payroll to access pay stubs, W-2s and other pay information electronically. Employees must request activation of their NY.gov account via CUNYFirst.

## How to submit the request via CUNYfirst to activate the NY.gov account:

- Log into CUNYfirst - After logging in, select the following:
- **Human Capital Management** from the CUNYfirst homepage menu.
- Click on top center drop down menu and click on **Employee Self Service**
- Select **Other Employee Tasks** (1). From the left hand side menu, select **New York State Payroll Online**.
- Review the content under **New York State Payroll Online (NYSPO) – NY.gov Account Activation Request**. To submit your request, select the **check-box** confirming that you've read the content and **Submit**.

After you formally submit your request in CUNYfirst, your NY.gov account is estimated to be activated within 15-20 business days. After your NY.gov account is officially activated, a confirmation message will be sent to your primary business email address in CUNYfirst with additional instructions on how to verify your identity and to access NYSP0. All employees must verify their identities within NY.gov in order for NYSP0 to be accessible within their NY.gov accounts.

If you create your NY.gov account outside of CUNYfirst, you will experience issues accessing NYSP0. Additionally, if you have existing NY.gov accounts for previous/other NYS organizations, you will need to request an additional NY.gov account via this process to view your CUNY-pay information. For additional information and New York State Payroll Online (NYSPO) resources, please visit <https://www.cuny.edu/about/administration/offices/hr/university-payroll/new-york-state-payroll-online/#1616595018975-60a0a2bc-00fb> . For inquiries pertaining to NYSP0 to, please contact University Payroll Security at [University\\_Payroll\\_Security\\_Adm@cuny.edu](mailto:University_Payroll_Security_Adm@cuny.edu).



# ACCESSING CAMPUS

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# OBTAINING A CCNY ID CARD

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- A CCNY Identification (ID) Card is required in order to access campus buildings.
- To obtain a CCNY ID card, request an [ID Card Request Form](#) from your supervisor or HRC.
- The completed ID Card Request Form should then be submitted to the CCNY ID Office located on the first floor of the NAC room I/206, where you will take an photo ID and receive your ID card.
- For more information about obtaining a CCNY ID Card visit <https://www.ccny.cuny.edu/safety/id-office>.







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# Benefits

Eligibility, Enrollment & More...



# HEALTH INSURANCE BENEFITS

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- During the onboarding process, a member of our Benefits Team will be in contact with you to schedule a detailed Benefits Orientation.
- The following slides contain a snapshot of your benefits options.
- Please contact our Benefits Team at [benefits@ccny.cuny.edu](mailto:benefits@ccny.cuny.edu) for more information.

# HEALTH INSURANCE BENEFITS

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- Health insurance benefits are offered under the NYC Health Benefits Program and the PSC-CUNY Welfare Fund.
- To qualify for the NYC Health Benefits Program you must...
  - ✓ Be a member of the full-time instructional staff with a six month or more appointment
  - ✓ Be paid from tax-levy funds
  - ✓ Work at least 20 hours per week
- To qualify for PSC-CUNY Welfare Fund benefits you must...
  - ✓ Be eligible for health coverage under the NYC Health Benefits Program

# HEALTH INSURANCE BENEFITS

## TYPES OF HEALTH PLANS & SERVICES OFFERED UNDER THE NYC HEALTH BENEFITS PROGRAM

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- Health Maintenance Organizations (HMO) – A system of healthcare that provides managed, pre-paid hospital and medical services to its members. An HMO member chooses a Primary Care Physician (PCP) from within the HMO network

Plans presently offered: CIGNA Healthcare, GHI HMO, Empire HMO, HIP Prime HMO, Vytra Health and Metro Plus plans.

- Exclusive Provider Organization (EPO) – Offers a higher level of choice and flexibility than many other managed care plans. Members can see any EPO network provider. There is no need to choose a PCP and no referrals are necessary to see a specialist. Plans presently offered: Empire EPO, Aetna EPO



# HEALTH INSURANCE BENEFITS

## TYPES OF HEALTH PLANS & SERVICES OFFERED UNDER THE NYC HEALTH BENEFITS PROGRAM

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- Point of Service (POS) – Offers the freedom to use a network or an out-of-network provider for medical and hospital care. When using out-of-network providers, healthcare delivery resembles that of a traditional indemnity plan

Plans presently offered: HIP Prime POS

- Preferred Provider Organization (PPO) – Offers the freedom to use either a network or an out-of-network provider for medical and hospital care. Participating plans contract with health care providers who agree to accept negotiated lower payment from the health plan

Plans presently offered: GHI-CBP/EBCBS

# COST OF HEALTH COVERAGE

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- Rates vary depending on the type of plan & carrier you choose
- Refer to the City's Summary Program Description (SPD) and updates for rates and information. [www.nyc.gov/olr](http://www.nyc.gov/olr)

# NYC HEALTH BENEFITS PROGRAM FAQS

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- HMO, PPO and POS health insurance coverage is provided through the City of New York.
- Health insurance coverage begins on the first day of employment as long as paperwork is received within 30 days of hire.
- If you are taken off of payroll for any reason (e.g. unpaid leave) your health insurance coverage will be suspended.



# PSC-CUNY WELFARE FUND NON-CONTRIBUTORY PLANS

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- PSC-CUNY Welfare Fund benefits begin on the 1<sup>st</sup> day of the next month following your appointment date (or on the 1<sup>st</sup> day of the month if your start date is on the 1<sup>st</sup> of the month) and if the enrollment form has been submitted within 30 days of your appointment.
- Non Contributory Plans are provided by the PSC/CUNY Welfare Fund at no cost to you. These include:
  - ✓ Extended Medical Benefit for members in GHI-CBP/Empire Blue Cross Blue Shield
  - ✓ Death Benefit
  - ✓ Dental Plan (DeltaCare USA or Guardian Dental Guard Preferred)
  - ✓ Group Long Term Disability
  - ✓ Optical & Hearing Aid Benefits (Davis Vision/VisionWorks, HearUSA Network)
  - ✓ Prescription Drug Plan (CVS/caremark)



# PSC-CUNY WELFARE FUND CONTRIBUTORY PLANS

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Contributory Plans are voluntary and require a contribution from you.

These include:

- ✓ Optional Long Term Disability
- ✓ Term Life Insurance (provided through NYSUT)

# TEMPORARY DISABILITY/SICK LEAVE

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- Sick leave is earned only after a full month of service and no accruals are granted for service of less than a calendar month.
- Non-Teaching Instructional employees accrue 20 calendar work days of sick leave annually.
- A maximum of 160 sick leave days can be accrued.
- Up to three days of accrued sick leave can be used annually for the care of an ill family member, consistent with applicable rules and procedures.



# ANNUAL LEAVES

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- Annual Leave: Non-Teaching Instructional employees accrue annual leave as follows:
  - - During the first year of service: 15 days
  - - During the 2nd through 11th year of service and thereafter: 15 days plus an additional day for each year of service to a maximum of 25 days.
- The annual leave calendar year begins on September 1 through August 31.
- Use of annual leaves:

Employees are expected to use their annual leave time within the annual leave year in which it is earned. The annual leave request form is available on the HR website:

<https://www.ccny.cuny.edu/sites/default/files/2022-03/Request%20to%20use%20Annual%20Leave%20and%20Unscheduled%20Holidays.pdf>

# UNSCHEDULED HOLIDAYS / HOLIDAY CALENDAR

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- There are four (sometimes five) unscheduled holidays in the period September 1 - August 31 to be taken within the annual leave year.
- The established unscheduled holidays are made available for the use of employees who are in active pay status on September 1. Unscheduled holidays varies year to year.
- Unscheduled holidays must be taken within the annual leave year in which they are earned, and they may not be carried into the next annual leave year.

# UNSCHEDULED HOLIDAYS / HOLIDAY CALENDAR

- CUNY's Holiday and Annual Leave Periods for - September 1, 2023 through August 31, 2024.
- The regular holidays with pay are as follows:
  - Independence Day
  - Labor Day
  - Columbus Day
  - Thanksgiving Holiday
  - Christmas Holiday
  - New Year's Holiday
  - Martin Luther King, Jr.'s Birthday
  - Lincoln's Birthday
  - Presidents' Day
  - Memorial Day
  - Juneteenth Holiday

THE CITY UNIVERSITY OF NEW YORK EMPLOYEE HOLIDAY AND ANNUAL LEAVE PERIODS September 1, 2023 - August 31, 2024								
Holidays			Non-Teaching Instructional <i>ECP, HEOS, CLTs, Research Assts/Assocs, Librarians</i>	Classified Service Blue Collar * <i>Custodial, Stores-Stock, and Security</i>	Skilled Trades Bargaining Unit (Section 220) ** <i>except Laborers, Supervisor Electricians, Electricians and Electrician's Helpers</i>	Skilled Trades Bargaining Unit (Section 220) ** Supervisor Electricians, Electricians and Electrician's Helpers	Skilled Trades Bargaining Unit (Section 220) ** Laborers	CUNY Theatre Technician *** Titles
Labor Day	Mon	09/04/23	Y	Y	Y	Y	Y	Y
Columbus Day	Mon	10/09/23	Y	Y	Y	Y	Y	N
Election Day	Tue	11/07/23	N	Y	Y	Y	Y	N
Veterans Day	Sat	11/11/23	N	Veterans Day observed Fri 11/10	Veterans Day observed Fri 11/10	Veterans Day observed Fri 11/10	Veterans Day observed Fri 11/10	N
Thanksgiving & Day After Thanksgiving	Thu Fri	11/23/23 11/24/23	Y Y	Y Y	Y N	Y N	Y N	Y N
Christmas Eve Christmas Day	Sun Mon	12/24/23 12/25/23	Christmas Eve observed Fri 12/22 Y	Christmas Eve observed Fri 12/22 Y	N Y	N Y	N Y	Y Y
New Year's Eve New Year's Day	Sun Mon	12/31/23 01/01/24	New Year's Eve observed Fri 12/29 Y	New Year's Eve observed Fri 12/29 Y	N Y	N Y	N Y	Y Y
Martin Luther King, Jr.	Mon	01/15/24	Y	Y	Y	Y	Y	Y
Lincoln's Birthday	Mon	02/12/24	Y	Y	Y	N	N	N
Presidents' Day	Mon	02/19/24	Y	Y	Y	Y	Y	N
Memorial Day	Mon	05/27/24	Y	Y	Y	Y	Y	Y
Juneteenth	Wed	06/19/24	Y	Y	Y	Y	Y	Y
Independence Day	Thu	07/04/24	Y	Y	Y	Y	Y	Y
Unscheduled Holidays			4	1	N/A	1	N/A	N/A
* Civil Service Blue Collar: For Holidays falling on a Saturday or Sunday when you are scheduled to work, take the holiday on that Saturday or Sunday in lieu of the day listed on the chart or receiving the additional Unscheduled Holiday. Those normally scheduled to be off on an observed holiday falling on a weekday will receive an unscheduled day in lieu of that day or comp day, depending on the title. EOC Employees in the NY State Office Building in Manhattan observe Election Day and Veterans Day as two of their Unscheduled Holidays. ** Skilled Trades Bargaining Unit (Section 220): Observe holidays as listed. Those normally scheduled to be off on an observed holiday will be paid straight time pay for the day or a comp day, if *** CUNY Theatre Technician Titles: Observe holidays as listed.								



# RETIREMENT BENEFITS

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As an employee of the City University of New York, you have various choices of retirement plans. CUNY employees are eligible for multiple mandatory and/or voluntary retirement plans through either the Teachers' Retirement System of the City of New York (TRS) or Teachers' Insurance and Annuity Association of America (TIAA); New York State 457(b) and New York City 401(k) plan (only available at community colleges).

Also, depending on your previous position(s), where you may have been eligible for other retirement plans through such agencies as the New York City employees' retirement system (NYCERS), you may be allowed to remain in those plans as a transfer contributor, which is discussed further in the [CUNY Summary of Retirement of Benefits](#).

# RETIREMENT BENEFITS

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## TIAA VS. TRS COMPARISON CHART

Comparison chart between TRS and TIAA mandatory plans

	TRS	TIAA
<b>Plan Type</b>	Qualified Pension Plan (defined benefit plan)	Retirement annuity contracts (defined contribution plan)
<b>Vesting Period</b>	5 years of Total Service Credit (TSC)	366 days of continuous employment (if no pre-existing vested TIAA retirement plan contract from another organization)
<b>Age Requirements</b>	63 for full retirement; 55-62 for reduced retirement benefit	None to collect retirement income (although taxes and penalties <u>may</u> be assessed if taken prior to age 59 ½). Also a minimum retirement age may affect eligibility for other benefits.
<b>Contribution Rates</b>	Employee: Graduated scale based on tier and contractual salary (Tier 6 only)  Employer: Actuarially determined amount to fund benefits for all plan members	Employee: Same as TRS  Employer (for Tier VI) : 8% of base salary during first seven years of employment; 10% of base salary after seven years of employment  For other tiers please visit TIAA website at <a href="https://www.tiaa.org/public/land/cunysystem">https://www.tiaa.org/public/land/cunysystem</a>
<b>Retirement Benefits</b>	Determined by formula including a pension factor, total service credit and Final Average Salary	Varies based on your annuity accumulations, retirement age, and income option
<b>Post-Retirement Health Benefits</b>	NYC Health Benefits coverage contingent on minimum of 10 years' service credit and full-time CUNY employment immediately before retirement	<b>For Instructional Staff:</b> If 62 or over, NYC Health Benefits coverage contingent on retirement after minimum 15 years' continuous full time CUNY service. Must maintain \$50,000 reserve with TIAA to fund premiums <b>For members of ECP:</b> If age 55 or over, NYC Health Benefits coverage contingent on retirement after minimum 10 years' continuous full time CUNY service. Must maintain \$50,000 reserve with TIAA to fund premiums
<b>Separating from Service</b>	If not vested (less than 10 years membership) Employee's contribution (with interest) may be withdrawn/rolled over. If membership expires (after seven school years), withdrawal/rollover is mandatory  Vested: Eligible to receive a monthly benefit on reaching retirement age	Not vested: Refund of employee contributions reflecting investment return  Vested: Rules vary based on investment choices. Please call TIAA at 800-842-2252  For vested minimum reserves may be required to fund retiree health insurance premiums.
<b>Portability</b>	Membership may be transferred to certain NYS/NYC public retirement systems; or funds may be rolled over to eligible IRAs or successor plans	TIAA accounts may be maintained if you join another Institution or employer that offers TIAA
<b>Secondary (multiple) positions</b>	If you have secondary or multiple lines of employment at CUNY they are all pensionable. You must inform the school where you have the secondary line that	Same as TRS

# MANDATORY COMPLIANCE TRAININGS

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- New employees are required to complete the **Employee Sexual and Interpersonal Violence prevention and Response Course (ESPARC)** and the **Workplace Violence Awareness and Prevention Training** within 30 days of their start date.
- To access the trainings, please sign into CUNY Blackboard and navigate to *My Organizations* to view and complete both the ESPARC and WVP trainings.
- Please review CUNY's Policy on Sexual Misconduct visit <https://www.cuny.edu/wp-content/uploads/sites/4/media-assets/FINAL-Policy-on-Sexual-Misconduct-August-14-2020.pdf>
- Please review CUNY's Policy on Violence Prevention visit [http://policy.cuny.edu/general-policy/article-vi/#policy\\_6.09](http://policy.cuny.edu/general-policy/article-vi/#policy_6.09)
- Please review other important CUNY policies are at [https://www.cuny.edu/about/administration/offices/hr/policies-and-procedures/#hr\\_policies](https://www.cuny.edu/about/administration/offices/hr/policies-and-procedures/#hr_policies)

# OTHER BENEFITS

FOR MORE INFORMATION ABOUT ALL BENEFITS PLEASE CONTACT BENEFITS AT  
[BENEFITS@CCNY.CUNY.EDU](mailto:BENEFITS@CCNY.CUNY.EDU) OR (212) 650-7796

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- [Paid Parental Leave](#)
- [NYS Paid Family Leave](#)
- [COVID-19 New York Sick Leave](#)
- [Academic Leaves](#)
- [CCA@YourService CUNY](#)  
Work/Life Program
- [Edenred](#) – Transit Benefit
- [Tuition Waiver](#)
- [Tax-Deferred Annuity Plans](#)
- [NYS Deferred Compensation 457\(b\) Plan](#)
- [CUNY e-Mall](#)
- [Campus Fitness Center](#) – (Free Access)
- [Parking](#)
- [Professional Development](#)
- [Federal Credit Union Membership - MCU](#)



# ANY QUESTIONS?

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If you have any questions or concerns, please contact [humanresources@ccny.cuny.edu](mailto:humanresources@ccny.cuny.edu), your department's Human Resources Coordinator, or your supervisor.