



# HUMAN RESOURCES COORDINATOR (HRC) PAF SUBMISSION GUIDE

THE OFFICE OF HUMAN RESOURCES



# HUMAN RESOURCES POLICIES

- New Hires, Reappointments, and Rehires
- Revisions: Encumbering/Disencumbering Hours and Budget Management
- Terminations/Resignations/Transfers

# HIRING, REAPPOINTMENTS, AND REHIRES

- Human Resources must approve all Personnel Action Form-7 (PAF-7) submissions, including initial hiring, reappointments, or rehires, **before any employee begins their role**. Once Human Resources receives and verifies that the new hire paperwork is complete, confirmed budget availability and accuracy of information, HR will issue clearance for the employee's proposed start date.
  - This proactive measure ensures a seamless onboarding process and timely commencement of the employee's contributions to the department.
  - It serves as a vital checkpoint to validate that the new hire has fulfilled all compliance requirements and is fully prepared to join the team.
  - Risk management by preventing potential legal and financial complications that could arise from premature or unauthorized employment actions. Confirm compliance with Form I-9 documentation requirements and submission timelines to avoid non-compliance penalties, which in New York State can amount to fines of up to \$10,000.

# NEW HIRE ACTIONS HRC PROCEDURE

1. HRCs need to confirm there are sufficient funds for the appointment on Temp Services. If funds are insufficient, coordinate with the Budget Office. Submit a request to Budget Office at [budgetoffice@ccny.cuny.edu](mailto:budgetoffice@ccny.cuny.edu). To gain access to Temp Services please submit a request to Ariel Baez at [ariel@ccny.cuny.edu](mailto:ariel@ccny.cuny.edu) .
2. Submit a Personnel Action Form (PAF) along with the onboarding documentation (through secure transfer) to [hrhourlyservices@ccny.cuny.edu](mailto:hrhourlyservices@ccny.cuny.edu), ensuring all paperwork are accurately completed. HRCs can refer to the onboarding checklist that is included with the new hire paperwork to ensure all of the paperwork is filled out and completed.
3. Await HR's confirmation email before allowing new hires to commence work. This confirms the processing of their paperwork.

# E-VERIFY



- HR has been enrolled in E-Verify since March 2023. E-Verify is a government-based system that audits the information entered by an employer from the employee's I-9 Form to what the U.S. Department of Homeland Security has on record to determine the employee's employment eligibility.
- Once the I-9 Form is submitted to HR, HR will verify the employee's I-9 documents through the E-Verify database.
- Penalties for submitting actions late: for New York State, fines can be up to \$10,000.
- For more information please click on the link: [What is E-Verify?](#)

## CUNY BACKGROUND VERIFICATION POLICY



- The CUNY Background Verification Policy has been revised.
- A National Criminal Report and a National Sex Offender Registry report is required for all full-time and part-time candidates who have received a conditional appointment/offer.
- Verifications are conducted by third party contractor, TruView Background Screening & Investigations
- Rehires with a break in service of more than six consecutive months, are also required to undergo a background verification.
- Current employees with a change in position as a result of a transfer, promotion, or reclassification are also required to undergo a background check, if a background check was not conducted during the initial new hire process
- Student Employees are among those excluded from the policy. This includes (Full-Time Undergraduate, Graduate and PhD students).
- For more information please click on the link: [University's Background Verification Policy](#)

## CUNY BACKGROUND VERIFICATION PROCESS



- Upon receipt of a candidate's signed offer letter and Part 2 of the CUNY Employment Application, *which the candidate must complete in order to authorize the confidential background check*, HR will initiate the verification process by entering the candidate's name and contact information into the TruView system. The candidate will then receive a system generated email or text message requesting their participation in the background verification process.
- Candidates who refuse to authorize the background check will be deemed ineligible for employment.
- If the candidate has completed the verification process at another CUNY school during the last six months, TruView will notify HR accordingly and another verification will not be processed,
- HR will review the background check report and notify the hiring department if the candidate's report revealed potentially disqualifying information. In the case of potentially disqualifying information, HR will provide the hiring department and the candidate with details regarding the adverse action review process.
- For more information please click on the link: [University's Background Verification Policy](#)



# NEW HIRE CHECKLIST

# SAMPLE INITIAL PAF-7



### Classified Hourly (College Assistant/IT Hourly) Onboarding Check List<sup>1</sup>

Employee's Name: \_\_\_\_\_

1.  PAF
2.  Oath Upon Appointment
3.  Procedures for Candidate Fingerprinting (Receipt)<sup>2</sup>
4.  W-4
5.  IT-2104
6.  NYS Direct Deposit with Voided Check
7.  Form I-9 & Supporting Doc
8.  Personal Data Form
9.  Emergency Contact Information
10.  Statement of Citizenship
11.  Emergency Evacuation Assistant
12.  Veteran Status
13.  Voluntary Self-Identification Form for Employees
14.  Voluntary Self-Identification of Disability
15.  Conditional Offer of Employment (if applicable)
16.  Medical Clearance form (if applicable)
17.  Employee Application Part 1 & 2
18.  Employee Application Part 3
19.  Employee Application Part 4 (if applicable)
20.  Authorization to Release Reference Information
21.  Conviction-Notice
22.  External Employment for Classified Staff
23.  CUNY Policy Checklist
24.  Orientation for IT Security

<sup>1</sup> Revised February 21, 2024

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

Date: \_\_\_\_\_

TYPE OF APPOINTMENT	CATEGORY	WAIVERS	SEPARATIONS	TYPE OF LEAVE	LEAVE STATUS
<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Reappointment <input type="checkbox"/> Return to Duty <input type="checkbox"/> Transfer to: <input type="checkbox"/> Transfer from: <input type="checkbox"/> Salary Changes <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Instructional (Annual) <input type="checkbox"/> Instructional (Hourly) <input type="checkbox"/> NCD/ISSC <input type="checkbox"/> Non-Tax Levy <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Tenure <input type="checkbox"/> Non-Competitive <input checked="" type="checkbox"/> Classified Hourly	<input type="checkbox"/> By Law <input type="checkbox"/> Search <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Resignation <input type="checkbox"/> Transfer to <input type="checkbox"/> Retirement <input type="checkbox"/> Cancellation <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Non-Reappointment <input type="checkbox"/> Temporary Provisional <input type="checkbox"/> Other	<input type="checkbox"/> Fellowship <input type="checkbox"/> Retirement/Travel <input type="checkbox"/> Temporary <input type="checkbox"/> Disability/FMLA <input type="checkbox"/> Special <input type="checkbox"/> Military <input type="checkbox"/> Leave to Serve in another title <input type="checkbox"/> SLOAC <input type="checkbox"/> Other	<input type="checkbox"/> With Pay <input type="checkbox"/> W/O Pay <input type="checkbox"/> With Incom <input type="checkbox"/> W/O Incom <input type="checkbox"/> With Pension <input type="checkbox"/> W/O Pension

Name: John Doe Dept: Department Name

Home Address: 160 Convent Avenue Payroll Title: Title  
New York, NY 10031

Home Telephone: 212-650-7226 Position #: \_\_\_\_\_

Social Security #: XXX - XX - XXXX FAS #: Temp Services Budget #

Date of Birth: 1/1/1847 I-9 Form: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Dept. Supervisor: Supervisor's Name

Relationship (optional): \_\_\_\_\_ Employee Ext.: \_\_\_\_\_ CCNY E-Mail: \_\_\_\_\_

Effective Date: From Start Date To End Date Work Location: BLDG \_\_\_\_\_ Room # \_\_\_\_\_

Salary: \$16  Per Year  Per Hour # of Hours: 100 Professional Hours \_\_\_\_\_ Total Hours: 100

Gender:  Decline to Self-Identify  Female  Gender Non-Conforming  Male  Non-Binary  Transgender

Ethnic Background:  American Indian  Black  Asian/Pacific Islander  White  Hispanic  Hispanic PR  Italian American

U.S. Citizen:  Yes  No

Resident Alien:  Visa Type \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Veteran 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: Department Chair Name/Head of the Department Date: \_\_\_\_\_  
PERSONNEL OFFICE/DEAN

Signature: Department Chair Signature/Head of Department Date: \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
BUDGET DIRECTOR/DESIGNEE

Comments: \_\_\_\_\_

Prepared by: \_\_\_\_\_



# REAPPOINTMENT/REHIRE ACTIONS

1. PAF-7 Submissions:
  - Rehires for employees with break in service. (Non Continuous, break greater than 1 day)
  - Reappointments for employees with no break in service.
2. Submit the PAFs ensuring they are fully and correctly filled out. This includes filling out the FAS#, Supervisor's name, Payroll title and Department.
  - If a employee is rehired 2 years after from their last end date, Human Resources will need New Hire paperwork to process the action.
  - Actions that are more than 5 pay periods backdated will require the Human Resources Executive Director's approval and a Justification Memo from the department.
3. Reconfirm budget availability in Temp Services for the reappointment action prior to submitting the PAF-7. If funds are inadequate, please reach out to the Budget Office ([budgetoffice@ccny.cuny.edu](mailto:budgetoffice@ccny.cuny.edu)).

# SAMPLE REAPPOINTMENT PAF-7

# SAMPLE CANCELLATION PAF-7

**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 checked="" type="checkbox"/> Reappointment <input type="checkbox"/> Return to Duty <input type="checkbox"/> Transfer to:	<input type="checkbox"/> Instructional (Annual) <input type="checkbox"/> Instructional (Hourly) <input type="checkbox"/> NC/DISC <input type="checkbox"/> Non-Tax Levy <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Tenure <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Classified Hourly	<input type="checkbox"/> By Law <input type="checkbox"/> Search <input type="checkbox"/> Other	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer to <input type="checkbox"/> Retirement <input type="checkbox"/> Cancellation <input type="checkbox"/> Termination <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> Temporary Provisional <input type="checkbox"/> Other	<input type="checkbox"/> Fellowship <input type="checkbox"/> Retirement/Travria <input type="checkbox"/> Temporary <input type="checkbox"/> Disability/FMLA <input type="checkbox"/> Special <input type="checkbox"/> Military <input type="checkbox"/> Leave to Serve in another title <input type="checkbox"/> SLOAC <input type="checkbox"/> Other	<input type="checkbox"/> With Pay <input type="checkbox"/> W/O Pay <input type="checkbox"/> W/O Incr <input type="checkbox"/> W/O Incr <input type="checkbox"/> With Pension <input type="checkbox"/> W/O Pension	<input type="checkbox"/> With Pay <input type="checkbox"/> W/O Pay <input type="checkbox"/> With Incr <input type="checkbox"/> W/O Incr <input type="checkbox"/> With Pension <input type="checkbox"/> W/O Pension

Name: John Doe Dept: Department Name  
 Home Address: \_\_\_\_\_ Payroll Title: Title  
 Home Telephone: \_\_\_\_\_ Functional Title: \_\_\_\_\_  
 Social Security # EMPLID # Position #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ FAS #: Temp Services Budget #  
 Emergency Contact: \_\_\_\_\_ I-9 Form: \_\_\_\_\_  
 Relationship (optional): \_\_\_\_\_ Dept. Supervisor: Supervisor's Name  
 Employee Ext.: \_\_\_\_\_ CCONY E-Mail: \_\_\_\_\_  
 Effective Date: From 1/25/2024 To 5/22/2024  
 Salary: \$47.42  Per Year  Per Hour # of Hours 50  
 Work Location: BLDG \_\_\_\_\_ Room # \_\_\_\_\_  
 Professional Hours \_\_\_\_\_ Total Hours 50

Gender:  Decline to Self-Identify  Female  Gender Non-Conforming  Male  Non-Binary  Transgender  
 Ethnic Background:  American Indian  Black  Asian/Pacific Islander  White  Hispanic  Hispanic PR  Italian American  
 U.S. Citizen:  Yes  No  
 Resident Alien:  Visa Type \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Veteran 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: Department Chair Name/Head of the Department Date: \_\_\_\_\_  
PERSONNEL OFFICE/DEAN  
 Signature: Department Chair Signature/Head of Department Date: \_\_\_\_\_  
SIGNATURE  
 \_\_\_\_\_ Date: \_\_\_\_\_  
BUDGET DIRECTOR/DESIGNEE

Comments: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_

**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 checked="" type="checkbox"/> Reappointment <input type="checkbox"/> Return to Duty <input type="checkbox"/> Transfer to:	<input type="checkbox"/> Instructional (Annual) <input type="checkbox"/> Instructional (Hourly) <input type="checkbox"/> NC/DISC <input type="checkbox"/> Non-Tax Levy <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Tenure <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Classified Hourly	<input type="checkbox"/> By Law <input type="checkbox"/> Search <input type="checkbox"/> Other	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer to <input type="checkbox"/> Retirement <input type="checkbox"/> Cancellation <input type="checkbox"/> Termination <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> Temporary Provisional <input type="checkbox"/> Other	<input type="checkbox"/> Fellowship <input type="checkbox"/> Retirement/Travria <input type="checkbox"/> Temporary <input type="checkbox"/> Disability/FMLA <input type="checkbox"/> Special <input type="checkbox"/> Military <input type="checkbox"/> Leave to Serve in another title <input type="checkbox"/> SLOAC <input type="checkbox"/> Other	<input type="checkbox"/> With Pay <input type="checkbox"/> W/O Pay <input type="checkbox"/> W/O Incr <input type="checkbox"/> W/O Incr <input type="checkbox"/> With Pension <input type="checkbox"/> W/O Pension	<input type="checkbox"/> With Pay <input type="checkbox"/> W/O Pay <input type="checkbox"/> With Incr <input type="checkbox"/> W/O Incr <input type="checkbox"/> With Pension <input type="checkbox"/> W/O Pension

Name: John Doe Dept: Department Name  
 Home Address: \_\_\_\_\_ Payroll Title: Title  
 Home Telephone: \_\_\_\_\_ Functional Title: \_\_\_\_\_  
 Social Security # EMPLID # Position #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ FAS #: Temp Services Budget #  
 Emergency Contact: \_\_\_\_\_ I-9 Form: \_\_\_\_\_  
 Relationship (optional): \_\_\_\_\_ Dept. Supervisor: Supervisor's Name  
 Employee Ext.: \_\_\_\_\_ CCONY E-Mail: \_\_\_\_\_  
 Effective Date: From 1/25/2024 To \_\_\_\_\_  
 Salary: \$25.51  Per Year  Per Hour # of Hours 50 -> 0  
 Work Location: BLDG \_\_\_\_\_ Room # \_\_\_\_\_  
 Professional Hours \_\_\_\_\_ Total Hours 0

Gender:  Decline to Self-Identify  Female  Gender Non-Conforming  Male  Non-Binary  Transgender  
 Ethnic Background:  American Indian  Black  Asian/Pacific Islander  White  Hispanic  Hispanic PR  Italian American  
 U.S. Citizen:  Yes  No  
 Resident Alien:  Visa Type \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Veteran 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: Department Chair Name/ Head of Department Date: \_\_\_\_\_  
PERSONNEL OFFICE/DEAN  
 Signature: Department Chair Signature/Head of Department Date: \_\_\_\_\_  
SIGNATURE  
 \_\_\_\_\_ Date: \_\_\_\_\_  
BUDGET DIRECTOR/DESIGNEE

Comments: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_



# REVISIONS: INCUMBERING/DISENCUMBERING HOURS AND BUDGET MANAGEMENT

- Departments are responsible for overseeing their budget allocations and monitoring employee timesheets.
  - It is incumbent upon the department to diligently track and manage their financial resources and ensure the accuracy of timesheet submissions.
- Accurate timesheets are essential for correct payroll processing. Inaccurate timesheet data can lead to payroll errors, affecting employee satisfaction and trust in the College.
  - Things to look for:
    - **Verify that timesheet submissions correspond with the designated appointment period**
    - **Monitor the remaining balance of hours from the total allocated for the appointment**

# SAMPLE HOUR REVISION PAF-7

# SAMPLE WORK PERIOD REVISION PAF-7

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 checked="" type="checkbox"/> Reappointment <input type="checkbox"/> Return to Duty <input type="checkbox"/> Transfer to:	<input type="checkbox"/> Instructional (Annual) <input type="checkbox"/> Instructional (Hourly) <input type="checkbox"/> NC/DISC <input type="checkbox"/> Non Tax Levy <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Tenure <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Classified Hourly	<input type="checkbox"/> By Law <input checked="" type="checkbox"/> Search <input type="checkbox"/> Other	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer to <input type="checkbox"/> Retirement <input type="checkbox"/> Cancellation <input type="checkbox"/> Termination <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> Temporary Provisional <input type="checkbox"/> Other	<input type="checkbox"/> Fellowship <input type="checkbox"/> Retirement/Travel <input type="checkbox"/> Temporary <input type="checkbox"/> Disability/FMLA <input type="checkbox"/> Special <input type="checkbox"/> Military <input type="checkbox"/> Leave to Serve in another title <input type="checkbox"/> SLOAC <input type="checkbox"/> Other	<input type="checkbox"/> W/O Pay <input type="checkbox"/> W/O Incr <input type="checkbox"/> W/O Incr <input type="checkbox"/> W/O Incr <input type="checkbox"/> W/O Pension <input type="checkbox"/> W/O Pension

Transfer from: \_\_\_\_\_

Salary Changes:  Other

Add hours: \_\_\_\_\_

Name: John Doe Dept: Department Name

Home Address: \_\_\_\_\_ Payroll Title: Title

Home Telephone: \_\_\_\_\_ Functional Title: \_\_\_\_\_

Social Security #: EMPLID # Position #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ FAS #: Temp Services Budget #

Emergency Contact: \_\_\_\_\_ I-9 Form: \_\_\_\_\_

Relationship (optional): \_\_\_\_\_ Dept. Supervisor: Supervisor's Name

Employee Ext.: \_\_\_\_\_ CCNY E-Mail: \_\_\_\_\_

Effective Date: From 1/25/2024 To 6/30/2024 Work Location: BLDG \_\_\_\_\_ Room # \_\_\_\_\_

Salary: \$16 Per Year  Per Hour  # of Hours: 25 + 75 Professional Hours \_\_\_\_\_ Total Hours: 100

Gender:  Decline to Self-Identify  Female  Gender Non-Conforming  Male  Non-Binary  Transgender

Ethnic Background:  American Indian  Black  Asian/Pacific Islander  White  Hispanic  Hispanic PR  Italian American

U.S. Citizen:  Yes  No

Resident Alien:  Visa Type \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Veteran 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: Department Chair Name/Head of the Department Date: \_\_\_\_\_

Signature: Department Chair Signature/Head of Department Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Add hours: 25 + 75 = 100 total hours

Prepared by: \_\_\_\_\_

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 checked="" type="checkbox"/> Reappointment <input type="checkbox"/> Return to Duty <input type="checkbox"/> Transfer to:	<input type="checkbox"/> Instructional (Annual) <input type="checkbox"/> Instructional (Hourly) <input type="checkbox"/> NC/DISC <input type="checkbox"/> Non Tax Levy <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Tenure <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Classified Hourly	<input type="checkbox"/> By Law <input checked="" type="checkbox"/> Search <input type="checkbox"/> Other	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer to <input type="checkbox"/> Retirement <input type="checkbox"/> Cancellation <input type="checkbox"/> Termination <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> Temporary Provisional <input type="checkbox"/> Other	<input type="checkbox"/> Fellowship <input type="checkbox"/> Retirement/Travel <input type="checkbox"/> Temporary <input type="checkbox"/> Disability/FMLA <input type="checkbox"/> Special <input type="checkbox"/> Military <input type="checkbox"/> Leave to Serve in another title <input type="checkbox"/> SLOAC <input type="checkbox"/> Other	<input type="checkbox"/> W/O Pay <input type="checkbox"/> W/O Incr <input type="checkbox"/> W/O Incr <input type="checkbox"/> W/O Incr <input type="checkbox"/> W/O Pension <input type="checkbox"/> W/O Pension

Transfer from: \_\_\_\_\_

Salary Changes:  Other

Revise end date: \_\_\_\_\_

Name: John Doe Dept: Department Name

Home Address: \_\_\_\_\_ Payroll Title: Title

Home Telephone: \_\_\_\_\_ Functional Title: \_\_\_\_\_

Social Security #: EMPLID# Position #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ FAS #: Temp Services Budget #

Emergency Contact: \_\_\_\_\_ I-9 Form: \_\_\_\_\_

Relationship (optional): \_\_\_\_\_ Dept. Supervisor: Supervisor's Name

Employee Ext.: \_\_\_\_\_ CCNY E-Mail: \_\_\_\_\_

Effective Date: From 1/25/2024 To 5/22/2024 Work Location: BLDG \_\_\_\_\_ Room # \_\_\_\_\_

Salary: \$47.42 Per Year  Per Hour  # of Hours: 50 Professional Hours \_\_\_\_\_ Total Hours: 50

Gender:  Decline to Self-Identify  Female  Gender Non-Conforming  Male  Non-Binary  Transgender

Ethnic Background:  American Indian  Black  Asian/Pacific Islander  White  Hispanic  Hispanic PR  Italian American

U.S. Citizen:  Yes  No

Resident Alien:  Visa Type \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Veteran 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: Department Chair Name/Head of Department Date: \_\_\_\_\_

Signature: Department Chair Signature/Head of Department Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Revise end date from 4/30/2024 to 5/22/2024

Prepared by: \_\_\_\_\_



# TERMINATION/RESIGNATION/TRANSFERS ACTIONS

- Termination PAF-7s should be submitted if employees completed their assignment and will not be reappointed, so that Human Resources can vacate the position for future new hire appointments. Please see below the reasons to submit Termination PAF-7s:
  1. **Clarity and Compliance:** Having clear categories for termination reasons ensures that both CCNY and the employee understand the nature of the termination. This clarity aids in compliance with employment laws and regulations, particularly regarding unemployment benefits and the handling of resignation letters.
  2. **Efficient Resource Management:** By disencumbering remaining hours upon termination, the organization can accurately manage its labor budget and reallocate resources where they are most needed. This prevents financial discrepancies and ensures a clear understanding of available work hours for planning purposes.
  3. **Smooth Transitions:** For employees transitioning within CCNY (e.g., to a higher title) or to another institution within CUNY (e.g., another CUNY College), a structured termination action ensures that their accruals and benefits are appropriately managed. This facilitates a smoother transition for the employee and maintains continuity of employment benefits.
  4. **Streamlined Administrative Process:** Ensuring that all timesheets are completed and approved before processing a Termination PAF minimizes administrative errors and ensures that employees are compensated for all worked hours. This also helps in avoiding post-termination disputes and simplifies the administrative workload.
  5. **Position Vacancy Management:** Structured termination actions automatically vacate allocated position numbers, making these positions available for new candidates. This efficiency in vacating and refilling positions speeds up the hiring process, allowing the organization to quickly address workforce needs and maintain operational continuity.

# TERMINATION/RESIGNATION/TRANSFERS ACTIONS

## Termination:

- **End of Assignment** – Employee completed his appointment. Possibility of employee being reappointed. Remaining hours should be disencumbered.
- **Appointment withdrawn** – Employee never began his appointment. All hours will be disencumbered.
- **Misconduct** - Refers to inappropriate or unacceptable behavior by an employee that violates CUNY policies, ethical standards, or legal requirements. Remaining hours should be disencumbered.
- **Abandonment** – Occurs when an employee fails to report to work for consecutive days without notifying their employer of a valid reason for their absence and without the intention of returning to their job. Remaining hours should be disencumbered.

## Resignation

- **Resignation to a higher title** – Employee has been appointed to a higher title (e.g.: college assistant to disability service specialist). No resignation letter required. Remaining hours should be disencumbered.
- **Resignation** – Employee has officially resigned their title, require resignation letter for unemployment purposes. Remaining hours should be disencumbered.

## Transfer

- **Transfer to another College** - Employee has taken a job in another CUNY College, Accruals will be transferred. Remaining hours should be disencumbered.

# SAMPLE TERMINATIONS PAF-7

# SAMPLE RESIGNATION PAF-7

THE CITY UNIVERSITY OF NEW YORK  
CITY COLLEGE  
PERSONNEL ACTION FORM

Date: \_\_\_\_\_

<b>TYPE OF APPOINTMENT</b> <input type="checkbox"/> Initial <input type="checkbox"/> Reappointment <input type="checkbox"/> Return to Duty <input type="checkbox"/> Transfer to: <input type="checkbox"/> Transfer from: <input type="checkbox"/> Salary Changes <input type="checkbox"/> Other Reduce hours	<b>CATEGORY</b> <input type="checkbox"/> Instructional (Annual) <input type="checkbox"/> Instructional (Hourly) <input type="checkbox"/> NC/DISC <input type="checkbox"/> Non-Tax Levy <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Tenure <input type="checkbox"/> Other <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Classified Hourly	<b>WAIVERS</b> <input type="checkbox"/> By Law <input type="checkbox"/> Search <input type="checkbox"/> Other	<b>SEPARATIONS</b> <input type="checkbox"/> Resignation <input type="checkbox"/> Transfer to <input type="checkbox"/> Retirement <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Termination <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> Temporary Provisional <input type="checkbox"/> Other <b>End of Assignment</b>	<b>TYPE OF LEAVE</b> <input type="checkbox"/> Fellowship <input type="checkbox"/> Retirement/Travia <input type="checkbox"/> Temporary <input type="checkbox"/> Disability/FMLA <input type="checkbox"/> Special <input type="checkbox"/> Military <input type="checkbox"/> Leave to Serve in another title <input type="checkbox"/> SLGAC <input type="checkbox"/> Other	<b>LEAVE STATUS</b> <input type="checkbox"/> With Pay <input type="checkbox"/> With Incom <input type="checkbox"/> W/O Incom <input type="checkbox"/> With Pension <input type="checkbox"/> W/O Pension
--	--	--	---	--	--

Name: John Doe Dept. Department Name  
 Home Address: \_\_\_\_\_ Payroll Title: \_\_\_\_\_  
 Functional Title: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Position #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ EMPLID # \_\_\_\_\_ FAS #: Temp Services Budget # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ I-9 Form: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Dept. Supervisor: Supervisor's Name \_\_\_\_\_  
 Relationship (optional): \_\_\_\_\_ Employee Ext. \_\_\_\_\_ CCNY E-Mail \_\_\_\_\_  
 Effective Date: From Last day worked To \_\_\_\_\_ Work Location: BLDG \_\_\_\_\_ Room # \_\_\_\_\_  
 Salary: \$16 Per Year Per Hour # of Hours 50 - 25 Professional Hours \_\_\_\_\_ Total Hours 25

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

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

Print/Type Name: Department Chair Name/Head of the Department Date: \_\_\_\_\_  
 Signature: Department Chair Signature/Head of Department Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Disencumber remaining 25 hours  
 Prepared by: \_\_\_\_\_

THE CITY UNIVERSITY OF NEW YORK  
CITY COLLEGE  
PERSONNEL ACTION FORM

Date: \_\_\_\_\_

<b>TYPE OF APPOINTMENT</b> <input type="checkbox"/> Initial <input type="checkbox"/> Reappointment <input type="checkbox"/> Return to Duty <input type="checkbox"/> Transfer to: <input type="checkbox"/> Transfer from: <input type="checkbox"/> Salary Changes <input type="checkbox"/> Other	<b>CATEGORY</b> <input type="checkbox"/> Instructional (Annual) <input type="checkbox"/> Instructional (Hourly) <input type="checkbox"/> NC/DISC <input type="checkbox"/> Non-Tax Levy <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Tenure <input type="checkbox"/> Other <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Classified Hourly	<b>WAIVERS</b> <input type="checkbox"/> By Law <input type="checkbox"/> Search <input type="checkbox"/> Other	<b>SEPARATIONS</b> <input type="checkbox"/> Resignation <input type="checkbox"/> Transfer to <input type="checkbox"/> Retirement <input type="checkbox"/> Cancellation <input type="checkbox"/> Termination <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> Temporary Provisional <input type="checkbox"/> Other <b>Resign letter at:</b>	<b>TYPE OF LEAVE</b> <input type="checkbox"/> Fellowship <input type="checkbox"/> Retirement/Travia <input type="checkbox"/> Temporary <input type="checkbox"/> Disability/FMLA <input type="checkbox"/> Special <input type="checkbox"/> Military <input type="checkbox"/> Leave to Serve in another title <input type="checkbox"/> SLGAC <input type="checkbox"/> Other	<b>LEAVE STATUS</b> <input type="checkbox"/> With Pay <input type="checkbox"/> With Incom <input type="checkbox"/> W/O Incom <input type="checkbox"/> With Pension <input type="checkbox"/> W/O Pension
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Name: John Doe Dept. Department Name  
 Home Address: \_\_\_\_\_ Payroll Title: \_\_\_\_\_  
 Functional Title: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Position #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ EMPLID # \_\_\_\_\_ FAS #: Temp Services Budget # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ I-9 Form: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Dept. Supervisor: Supervisor's Name \_\_\_\_\_  
 Relationship (optional): \_\_\_\_\_ Employee Ext. \_\_\_\_\_ CCNY E-Mail \_\_\_\_\_  
 Effective Date: From Last day worked To \_\_\_\_\_ Work Location: BLDG \_\_\_\_\_ Room # \_\_\_\_\_  
 Salary: \$47.42 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 PR  Italian American  
 U.S. Citizen:  Yes  No  
 Resident Alien:  Visa Type \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Veteran Status:  Yes  No

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

Print/Type Name: Department Chair Name/Head of the Department Date: \_\_\_\_\_  
 Signature: Department Chair Signature/Head of Department Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Disencumber remaining hours from previous appointment and current appointment  
 Prepared by: \_\_\_\_\_







# TIMEKEEPING

THE OFFICE OF HUMAN RESOURCES



# TIMESHEET SUBMISSION

- In order to receive payment for hours worked, the employee must complete timesheets via the e-CT portal: [Electronic Timesheet Portal Link](#)
- Below please see video tutorials on how to submit timesheets and how to approve timesheets.

[Home](#) / [Human Resources](#) / [Electronic Central Timekeeping Portal \(e-CT\)](#)

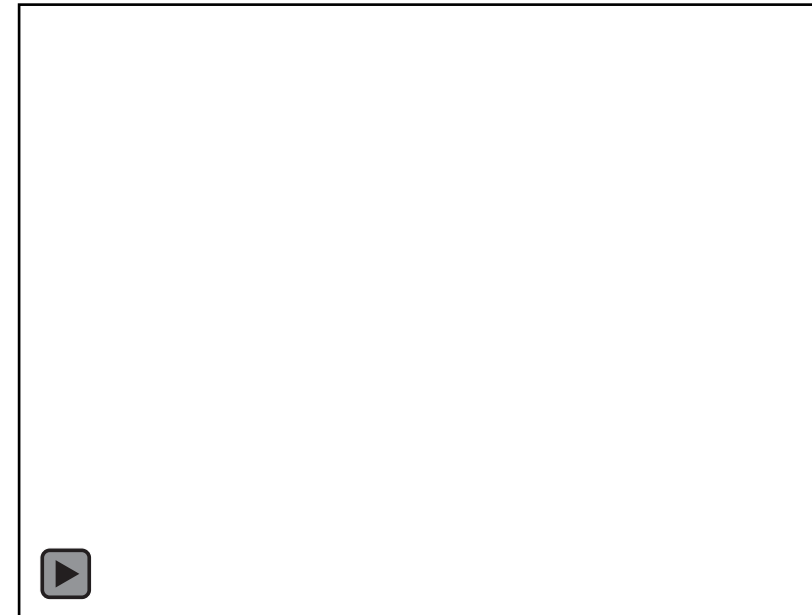
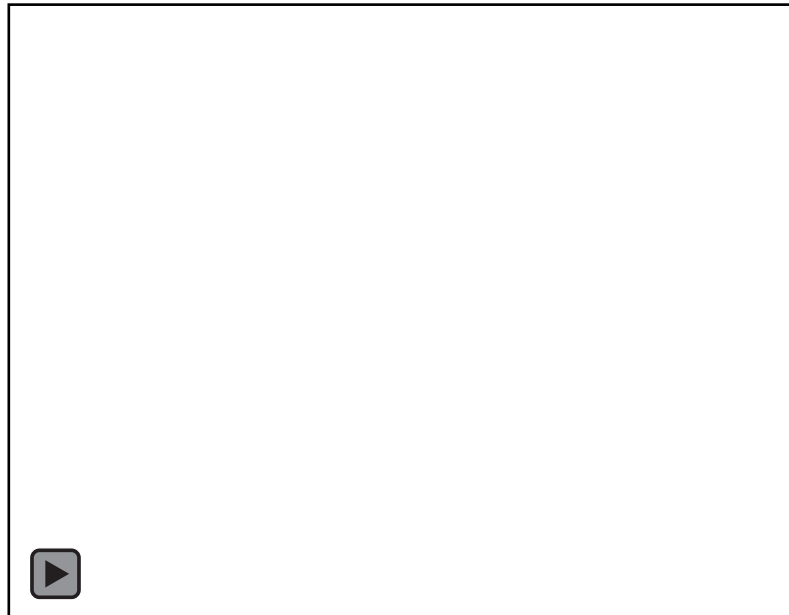
## Electronic Central Timekeeping Portal (e-CT)

### Full-Time

- ECP - [ECP e-CT Portal](#)
- HEOs, Research Assistants/Associates, College Lab Techs, White Collar Contract Titles - [Full-Time e-CT Portal](#)

### Part-Time

- College Assistants - [College Assistants e-CT Portal](#)
- Non-Teaching Adjuncts (NTA), Adjunct CLTs, Continuing Education Teachers (CET), Doctoral Students, IT Hourly, Bus Data Analyst Hourly - [Non-Instructional Hourly e-CT Portal](#)



# TIMESHEET SUBMISSION

- If employees are working with two or more departments the employee must include a minimum of a 15 minute break in between the jobs. If the timesheets conflict with both departments worked, the timekeepers will be unable to process the timesheet.
- Hours worked should be entered in increments of quarters on timesheets. (Ex. 7, 7.25, 7.50, 7.75, 8)
- Please make sure the department/budget on the timesheet matches the department/FAS# of the PAF-7 that was submitted for the employee.



**Sign-in to Access ECP Monthly Timesheet**



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



**Sign-in to Access Hourly Employee TimeSheet**

DAY	DATE	AM IN	LUNCH		PM OUT	HOURS WORKED	SICK LEAVE	ANNUAL LEAVE	JURY DUTY	SD
			OUT	IN						
Sun	03/10/2024	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mon	03/11/2024	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tue	03/12/2024	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wed	03/13/2024	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thu	03/14/2024	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fri	03/15/2024	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sat	03/16/2024	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total For The Week</b>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# TIMESHEET SUBMISSION

**Pending timesheets cannot be processed due to the following reasons:**

- Timesheet is not signed by supervisor
- Timesheet contains incorrect dates
- Duplicate timesheet
- Employee does not have enough leave accruals to cover time requested on submitted timesheet
- Department does not adequate funds in budget

**The pending timesheet issue should be rectified by the department as soon as possible so that Timekeeping can process the timesheet. If the timesheet is not rectified in time, it will cause a delay in pay and will be processed for the next available paycheck.**

**Please note, employees cannot request a salary advance from Payroll if they submitted their timesheets late.**

# TIMESHEET SUBMISSION

## **Shift Differential (SD): Hours Worked x Rate of Pay x 10%**

- Shift differential cannot exceed the number of work hours per day.
- Shift differential hours are calculated for hours worked between 6:00pm to 8:00am with more than one hour of work between 6:00pm and 8:00am.
- Shift differential for AJB code are calculated as shift differential hours multiplied by 10% of the rate.
- Shift differential hours are not calculated for Student Aides.

# TYPES OF LEAVE CHARGES

- **AL** - Annual Leave
- **BL** - Bereavement Leave (up to 4 days – immediate family)
- **CC** - College Closed
- **CCL** - Child Care Leave
- **CML** - Classified Medical Leave
- **COV** - COVID-19
- **CPT** - COVID-19 Priority Testing
- **CTE** - Comp Time Earned
- **CTU** - Comp Time Used
- **CVL** - COVID-19 Vaccination Leave
- **CVV** - COVID-19 Vaccination Volunteer
- **F** - Furlough
- **FLW** - Fellowship
- **FML** - Family Medical Leave (submit documents to Benefits)
- **H** - Holiday
- **HR** - Human Resources Related
- **HS** - Health Screening
- **JD** - Jury Duty (3 days for hourly with documentation)
- **LT** - Lost Time
- **LWO** - Leave Without Pay – Cut slip will be charged
- **ML** - Military Leave
- **MP** - Multiple Position
- **PFL** - Paid Family Leave
- **PPL** - Paid Parental Leave
- **SD** - Snow Day
- **SF** - Summer Friday (Only June through August)
- **SL** - Sick Leave (submit doctors note if 3 days or more)
- **UH** - Unscheduled Holiday
- **UL** - Unauthorized Leave
- **VTE** - Voting
- **WC** - Workers Compensation

# TYPES OF LEAVE CHARGES

- **Jury Duty:** College Assistants serving on juries in New York State Courts are eligible to be paid the jury fee for the first three days by their college, if they are scheduled to work and they earn more than the fee. If they are not scheduled, they are not to be paid. The state pays \$40 per day. If an employee earns less than \$40 per day, they are paid their expected salary.
- Supporting documents must be submitted to Time and Leave at [timeandleave@ccny.cuny.edu](mailto:timeandleave@ccny.cuny.edu)

For more information on Jury Duty, please click the link: [Jury Duty Policy](#)

- **Medical Absence:** If any employee is absent for medical-related reasons for three (3) or more days medical documentation is required to pay the subsequent days starting from the 3<sup>rd</sup> day onward.
- Any employee absent for more than five (5) consecutive days for illness must complete and submit an FMLA or Non-FMLA Medical Leave application, including the required Fitness for Duty Certification.

For more information on FMLA please click the link:

[Family Medical Leave Act](#)

# TYPES OF LEAVE CHARGES (HOLIDAYS)

## FULL-TIME

- Full-Time employees are compensated for holidays. Please click on link below to see the [CUNY Employee Holiday and Annual Leave Periods](#)
- Over-time: To qualify for overtime (OT), the employee must work in excess of 40 hours per week. Overtime must be approved in advance by department. The department is responsible for notifying HR of any employees scheduled to work overtime. Overtime hours must be noted on timesheets for payment.

## PART-TIME

- Employees in the titles of College Assistants are paid based on hours worked and are typically not scheduled to work on holidays. College Assistant may elect to utilize available annual leave to be compensated for a holiday.
- Classified hourly employees (excluding College Assistants) are eligible to receive additional 50% holiday compensation if requested/approved to work on a holiday
- Non-Teaching Adjuncts do not accrue sick and annual time.



# CLASSIFIED HOURLY: ANNUAL AND SICK TIME ACCRUALS

- Employee must work at least 500 hours or more to charge their annual or sick time.
  - Uncharged annual leave will be paid out in August of each fiscal year.
  - Uncharged sick leave is rolled over to the new fiscal year. If the hourly employees in the College Assistant and Disability Accommodation Specialist titles meet the 500 hours worked.
  - Fiscal year dates: July 1<sup>st</sup> – June 30<sup>th</sup>
  - Non-Teaching Adjuncts do not accrue annual and sick time.
  - Employees can only use a max of 7 hours of sick or annual leave per day.
  - Employees can use annual leave for days where the college is scheduled to be closed and the employee is not assigned to work (i.e. holiday, snow day).
  - Formula for Annual and Sick Time Accruals:
    - Annual: hours worked divided by 15
    - Sick: hours worked divided 20
- There is an updated accrual rate after the 5<sup>th</sup> year of service in the hourly title. For more information please click on the link below: [Time and Leave Benefits Summary – Hourly Classified Employees](#)

# PAYROLL SCHEDULE

- In order to avoid a delay in payment, timesheets must be submitted and approved by their supervisor by close of business on the specified due date on the Payroll Schedule.
- Timesheets received after the due date will be processed for the next available pay date.
- For new hires, direct deposit can take up to 2-3 pay periods to activate. The first paycheck will be sent to the mailing address provided with the new hire paperwork.
- Employees must not work more than Under NYS Labor Law, five hours without taking a thirty minute unpaid break.
- If you have any questions or concerns in regards to your paycheck please contact Payroll Services at (212)-650-7238 or via email at [payrollservices@ccny.cuny.edu](mailto:payrollservices@ccny.cuny.edu)



The City College of New York

160 Convent Ave, New York, NY 10031 · (212)-650-7226

## Hourly Employee Bi-Weekly Timesheet Submission Schedule

For represented for Part-time staff (Non-Teaching Adjuncts, College Assistants, Student Aides and IT Hourly)

	Pay Period	Timesheets Due in Timekeeping System	Check Date
1	02/25/2024 - 03/09/2024	Monday, March 11, 2024	4/4/2024
2	03/10/2024 - 03/23/2024	Monday, March 25, 2024	4/18/2024
3	03/24/2024 - 04/06/2024	Monday, April 8, 2024	5/2/2024
4	04/07/2024 - 04/20/2024	Monday, April 22, 2024	5/16/2024
5	04/21/2024 - 05/04/2024	Monday, May 6, 2024	5/30/2024
6	05/05/2024 - 05/18/2024	Monday, May 20, 2024	6/13/2024
7	05/19/2024 - 06/01/2024	Monday, June 3, 2024	6/27/2024
8	06/02/2024 - 06/15/2024	Monday, June 17, 2024	7/11/2024
9	06/16/2024 - 06/29/2024	Monday, July 1, 2024	7/25/2024
10	06/30/2024 - 07/13/2024	Monday, July 15, 2024	8/8/2024
11	07/14/2024 - 07/27/2024	Monday, July 29, 2024	8/22/2024
12	07/28/2024 - 08/10/2024	Monday, August 12, 2024	9/5/2024
13	08/11/2024 - 08/24/2024	Monday, August 26, 2024	9/19/2024
14	08/25/2024 - 09/07/2024	Monday, September 9, 2024	10/3/2024
15	09/08/2024 - 09/21/2024	Monday, September 23, 2024	10/17/2024
16	09/22/2024 - 10/05/2024	Monday, October 7, 2024	10/31/2024
17	10/06/2024 - 10/19/2024	Monday, October 21, 2024	11/14/2024
18	10/20/2024 - 11/02/2024	Monday, November 4, 2024	11/28/2024
19	11/03/2024 - 11/16/2024	Monday, November 18, 2024	12/12/2024
20	11/17/2024 - 11/30/2024	Monday, December 2, 2024	12/26/2024
21	12/01/2024 - 12/14/2024	Monday, December 16, 2024	1/9/2025
22	12/15/2024 - 12/28/2024	<b>Monday, December 30, 2024</b>	1/23/2025
23	12/29/2024 - 01/11/2025	Monday, January 13, 2025	2/6/2025
24	01/12/2025 - 01/25/2025	Monday, January 27, 2025	2/20/2025
25	01/26/2025 - 02/08/2025	Monday, February 10, 2025	3/6/2025
26	02/09/2025 - 02/22/2025	Monday, February 24, 2025	3/20/2025
1	02/23/2025 - 03/08/2025	Monday, March 10, 2025	4/3/2025

\*Bolted dates subject to change according to the CUNY Summer workweek plan or holiday calendar.

# ADDITIONAL INFORMATION

- [CUNY Hiring Fee \(Civil Service titles\)](#)
- [CUNY Fingerprinting Procedures \(Classified titles\)](#)
- [CUNY Approved Foreign Education Evaluation Services](#)
- [CCNY Department Deans & Chairs](#)
- [CCNY HR](#)
- [Service Desk Information \(IT\)](#)
- [CCNY Campus Map](#)
- [CCNY Academic Calendar](#)
- [ID Card Request Form](#)
- [CUNY Compliance Trainings](#)
- [CCNY Payroll](#)

# ADDITIONAL INFORMATION

## Benefits:

- [College Assistant Benefits](#)
- [Adjunct & Non-Teaching Adjunct Benefits](#)
- [Classified Staff \(Full-Time\) Benefits](#)
- [Professors and HEO Series \(Full-Time\) Benefits](#)

## Multiple Position Forms:

- [Faculty Multiple Position Form](#)
- [Instructional Multiple Position Form](#)

## Payroll Forms:

- [Direct Deposit](#)
- [Sprintax Form](#)

## Request Forms:

- [Employment Verification Request Form](#)
- [Reasonable Accommodation Request Form](#)
- [Transfer to another CUNY Campus Form \(Classified competitive only\)](#)
- [Tuition Waiver Form \(Full-time employees only\)](#)
- [Person of Interest \(POI\) Instructions](#)

## Salary Schedules:

- [White Collar Salary Schedule](#)
- [Blue Collar Salary Schedule](#)
- [Gittleson Salary Schedule](#)
- [PSC CUNY Titles Salary Schedule](#)

# CONTACT INFORMATION

- Payroll Services – Email: [payrollservices@ccny.cuny.edu](mailto:payrollservices@ccny.cuny.edu) Phone: 212-650-7238
- Time and Leave – Email: [timeandleave@ccny.cuny.edu](mailto:timeandleave@ccny.cuny.edu) Phone: 212-650-7796
  - Chantel Wallace - Email: [cwallace@ccny.cuny.edu](mailto:cwallace@ccny.cuny.edu) Phone: 212-650-8650
  - Bernice Guillaume - Email: [bguillaume@ccny.cuny.edu](mailto:bguillaume@ccny.cuny.edu) Phone: 212-650-7673
  - Japera Smith - Email: [jsmith5@ccny.cuny.edu](mailto:jsmith5@ccny.cuny.edu) Phone: 212-650-7068
  - Tatianna Moronta - Email: [tmoronta@ccny.cuny.edu](mailto:tmoronta@ccny.cuny.edu) Phone: 212-650-7668
  - Ayanna Zambouri - Email: [dzambouri@ccny.cuny.edu](mailto:dzambouri@ccny.cuny.edu) Phone: 212-650-8337
- Recruitment – Email: [hrhourlyservices@ccny.cuny.edu](mailto:hrhourlyservices@ccny.cuny.edu) Phone: 212-650-7226
  - Daniel Ahmed - Email: [dahmed@ccny.cuny.edu](mailto:dahmed@ccny.cuny.edu) Phone: 212-650-5242
- Data Analytics
  - Bryantdolph DeLeon - Email: [bdeleon@ccny.cuny.edu](mailto:bdeleon@ccny.cuny.edu) Phone: 212-650-7672
  - Marta Palacio - Email: [mpalacio@ccny.cuny.edu](mailto:mpalacio@ccny.cuny.edu) Phone: 212-650-8134