CUNYFirst
Person of Interest (POI) HR Data Form

General Instruction:

In accordance with CUNYFirst policy, non-tax levy employees (e.g., Research Foundation - RF) who are requesting access to CUNYFirst must **meet one of the following criteria** - *they supervise tax levy employees (e.g., college assistant), use the system to complete their job duties (e.g., student advising) or are in the system for a specific business reason.* Access will be granted only if one of the criteria is met <u>and</u> with authorizations from the employee's supervisor and the Department Head.

This form must be completed and returned to Human Resources (HR) before the request for access can be processed. Once the request is processed, the individual will be provided with **basic system access** – HR will notify the employee to claim his/her account. For additional access or access to advanced modules (e.g., Campus Solution for student records), please contact Lehman College Help Desk @ (718) 960 – 1111 for instructions.

For system security, Supervisor/Department Head must indicate the 'Access End Date' and it should not be an open-ended date. The access start date is the date the form is processed and generally it is the same date the form is submitted assuming HR has all of the required information and documentation. When the access has expired, it can be renewed by submitting a renewal form. If system access is no longer required before it is expired, the supervisor/Department Head must notify HR and Help Desk immediately.

Supervisor Authorization:

Access End Date: _____

Signature	Date
Last, First Name (print)	Department/***Program Name***
Business Email	Business Phone

Department Head Authorization:
(*Please sign again if supervisor is also Department Head.*)

Signature	Date
Last, First Name (print)	Department Name

Employee Instruction:

Please complete the information on the next page. You must provide us the Social Security Card and a valid government issued photo ID which indicates your date of birth in order for us to verify your identity and ensure proper entry of your personal information. HR will not process the form if you do not supply complete and correct information. Access will automatically be terminated if false information is provided. Please print legibly and return the entire form.

LEHMAN COLLEGE

PERSON OF INTEREST (POI) DATA FORM

GENERAL INFO

Prefix

Last Name

First Name   Middle Name

CONTACT INFORMATION

Address

City   State   Zip Code

( )   ( )

Home Telephone   Work telephone

Email Address

PERSONAL INFO

Social Security Number   Date of Birth

Gender: Female   Transgender   Non-Binary   Unspecified
         Male   Non-Conforming   Not Listed

MARITAL STATUS

☐ Married
☐ Single
☐ Divorced
☐ Legally Separated
☐ Widowed

MILITARY STATUS

☐ Veteran- Vietnam
☐ Veteran- other than Vietnam
☐ No Service

ETHNICITY

Please check the category that is most appropriate to your background. *

☐ White (not Hispanic)   ☐ Asian
☐ Black (not Hispanic)   ☐ American Indian or Alaskan Native
☐ Hispanic (of any race)   ☐ Italian American
☐ Puerto Rican   ☐ Native American or Pacific Islander

EDUCATIONAL DATA

Highest Educational Level: (Attach proof of degree)

☐ High School Diploma or Equivalence
☐ Associate Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctorate

EMERGENCY CONTACT INFO

First Name   Last Name

Address

City   State   Zip Code

( )   ( )

Home Telephone #   Work Telephone #

CUNYFIRST DATA

Job Title

Begin Date*   End Date*

Department

Supervisor's Name (Print)   Signature/ Date

PAYROLL INFORMATION

Are you on the non-tax levy payroll (i.e., Grants, Research Foundation)?

☐ Yes   ☐ No

If you yes, please state which payroll you are on?

SUPERVISORY ROLE INFO

Will you Have Supervisory Responsibilities?

☐ Yes   ☐ No

If yes, list names of employees to be supervised:

EMPLOYEE INFORMATION

Reasons for POI request (systems requested and how they pertain to your job function):

Employee Signature   Date

FOR HUMAN RESOURCES USE ONLY

POS #   CUNYFIRST Entry By: Date

CF Empl ID

***We are required by law to monitor our Affirmative Action Program, and to collect ethnic data on all employees under Federal Executive Order #11246. Submission of this information is voluntary.**

Do not email this form as it contains sensitive information. You can fax the completed form to 718-960-1191 or submit to HR Shuster Hall room 230.