

# **THE CITY UNIVERSITY OF NEW YORK**

## **Important Notice to Applicants**

### **Non Discrimination**

It is the policy of the City University of New York (CUNY) and its constituent colleges and units to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students, without regard to race, color, national or ethnic origin, religion, age, sex, sexual orientation, gender identity, marital status, disability, genetic predisposition or carrier status, alienage, citizenship, military or veteran status, or status as victim of domestic violence.

### **Disability Accommodation Available for Applicants**

If you require an accommodation for a disability in order to participate in the selection process, please contact the Human Resources Director.

### **Offer of Employment**

Any offer of employment is contingent upon successful completion of CUNY's total employment screening process, including receipt of references that the University and/or College considers satisfactory. Official representations are solely those made in writing prior to appointment by the University/College executive or manager authorized to make appointments for his/her respective division and area of responsibility.

### **Post Offer Pre-Employment Medical Examination, Drug Screen, and Physical Fitness Assessment**

For some positions, the hiring department may require a medical examination, drug test, and/or physical fitness assessment as a condition of employment, only if it is relevant to the job. If such is required, it will be stated in the Position Vacancy Announcement or Job Specification.

### **Employment Eligibility and Identity Documents Verification**

Under *The Immigration and Reform Control Act of 1986*, we are required to verify your employment eligibility and identity within three (3) days of your reporting to work.

If you are claiming preference for military service, you will be required to submit an original *DD214* along with verification of your disciplinary record.

### **Reference and Background Checking**

Current and former employers may be contacted for verification of any and all information stated in this application and or during any phase of the selection process. In order for CUNY to obtain this information, you will be asked to sign an *Authorization to Release Reference Information* form agreeing to hold any and all of your reference sources harmless and free of any liability for releasing information CUNY deems relevant to determining whether to employ you. For some positions a criminal background check may be required as part of the employment process. Applicants for these positions will be required to complete a personal disclosure and release form before this information may be obtained.



**THE CITY UNIVERSITY OF NEW YORK  
APPLICATION FOR EMPLOYMENT**

Position Sought: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

If part time, hours available: \_\_\_\_\_

\_\_\_\_\_ am \_\_\_\_\_ pm

Payroll Title: \_\_\_\_\_

Position Vacancy Number: \_\_\_\_\_

**COLLEGE** \_\_\_\_\_

(PRINT)

Name \_\_\_\_\_

Last

First

Middle

If known by another name, please give that name \_\_\_\_\_

Home Address \_\_\_\_\_

No.

Street

Apt #

City

State

Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home

Day Time

Email Address \_\_\_\_\_

Are you able to perform the essential functions of the position as described in the Position Vacancy Announcement and/or Job Specification with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_. If you would require an accommodation to perform the essential functions of this job and you wish to make known at this time what that would be, please indicate:

Please identify if you have any relatives employed in the department for which you are applying. No relatives \_\_\_\_\_ Yes, I have (a) relative(s) \_\_\_\_\_. If yes, please explain \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicant Attestation:** By my signature below, I declare and affirm that I have read and fully understand that:

*Any misrepresentation or material omission of facts in this application or in any other materials I submit in support of my candidacy (including but not limited to the letter of application and resume/CV), or in any oral statements I may make during the selection process shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired, or shall be sufficient cause to end further consideration of my application prior to being hired;*

*Present and past employers may be contacted for verification of data and reference check, unless I specifically request otherwise and provide reasons acceptable to the hiring official. This verification may, but need not, begin prior to my receiving an offer;*

*An offer of employment is contingent on successful completion of the entire employment selection process, including the receipt and review of references, satisfactory to the University;*

*No manager or representative of CUNY has the authority to make an offer of employment or to represent a condition of employment which is in violation of the bylaws, rules, regulations, or collective bargaining agreements governing the City University of New York;*

*Any representations that are contrary to these policies, even when made in writing, are unenforceable;*

*Under federal law, CUNY is required to verify my employment eligibility and my identity within three (3) days of my reporting to work. At that time, I must produce legitimate supporting documents.*

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

**A. EDUCATION:** Please indicate highest equivalent grade of education completed: Doctorate \_\_\_\_Masters \_\_\_\_  
Baccalaureate \_\_\_\_High School/GED \_\_\_\_

List schools attended, beginning with most recent (college, business school, high school, vocational or trade school, etc).

School Name	Location	Major Study	Credits Completed	Degree Received/Date
1.				
2.				
3.				

**B. EMPLOYMENT HISTORY:** Begin with present or last job (if currently unemployed) and work back for the last 15 years listing all job-related full or part time employment. Be sure to include any current CUNY employment held. Attach an extra page, if necessary.

1. Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Average number of hours per week \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Final Base Salary/Indicate One:  
( ) Annual \$ \_\_\_\_\_ ( ) Weekly \$ \_\_\_\_\_  
( ) Hourly \$ \_\_\_\_\_

Name/Title of Immediate Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Average number of hours per week \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Final Base Salary/Indicate One:  
( ) Annual \$ \_\_\_\_\_ ( ) Weekly \$ \_\_\_\_\_  
( ) Hourly \$ \_\_\_\_\_

Name/Title of Immediate Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3. Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Job Title \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Average number of hours per week \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Final Base Salary/Indicate One:

( ) Annual \$ \_\_\_\_\_ ( ) Weekly \$ \_\_\_\_\_

( ) Hourly \$ \_\_\_\_\_

Name/Title of Immediate Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Please explain any gaps in employment in excess of two months during the past 15 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**C. Other Important Skills, Competencies, or Experience Not Identified Above:** Identify other important skills, expertise, or related experiences (such as volunteer work, competence in a foreign language, etc.) that you feel should be considered in evaluating your suitability for this position.

\_\_\_\_\_  
\_\_\_\_\_

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**D. Other Background Questions:**

1. Have you previously been employed by CUNY in a position not reported in Section B? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please give name of college, name and title of supervisor, dates of employment, title(s), and reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been discharged or asked to resign from any employment? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain briefly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of an offense anywhere, including felonies, misdemeanors or violations (not including traffic violations or convictions sealed, expunged, or set aside under federal or state law)? No \_\_\_\_\_ Yes \_\_\_\_\_
4. Are there any criminal charges or violations (except for traffic violations) **currently** pending against you? No \_\_\_\_\_ Yes \_\_\_\_\_

**Note:** A conviction record will not necessarily disqualify you from the position for which you are applying. Each record will be reviewed in accordance with guidelines established by the University and in accordance with New York State Law. Failure to tell the truth will, when discovered, automatically result in your elimination from consideration or your termination if you have been selected.

5. Please explain below all past convictions or currently pending charges against you (as specified in questions 3 and 4 above):

Offense	Date/ Conviction	Name/Location of Court	Disposition including incarceration

6. Are you a retiree of either a New York City or State agency or currently collecting a State/City pension? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, are you willing to suspend pension payment if offered a position with CUNY? No \_\_\_\_\_ Yes \_\_\_\_\_
7. The City University of New York may conduct a background investigation including, but not limited to, contacting references which you supply. Please list a minimum of three (3) persons residing in the United States who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

### PROFESSIONAL REFERENCES

Kindly provide name, title, address, daytime telephone number, and company affiliation for each reference listed.

Name, Title	Address/Phone Number	Company Affiliation



THE CITY UNIVERSITY OF NEW YORK

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

COLLEGE\_\_\_\_\_

Name of Candidate\_\_\_\_\_  
(PLEASE PRINT)

Position Sought\_\_\_\_\_

I have applied for a position with The City University of New York (CUNY) and would like CUNY to be fully informed of my qualifications for the position. I hereby authorize any current or former employer, professional reference, and education/training provider, to disclose in good faith any information they may have regarding and pertaining to my qualifications and fitness for employment.

I agree to hold such employers, references, educational/training institutions and any other persons giving references harmless from liability or damages for providing the requested information.

A photocopy or fax of this authorization shall be as valid as the original.

Signature\_\_\_\_\_Date\_\_\_\_\_



## PERSONAL DATA FORM

GENERAL INFORMATION		CONTACT INFORMATION	
GENERAL INFORMATION	<p>Prefix _____</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Middle Name _____</p>	CONTACT INFORMATION	<p>Number, Street _____ Apt# _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p> <p>( ) _____ ( ) _____</p> <p>Home Telephone # _____ Work Telephone # _____</p>
PERSONAL INFORMATION	<p>Social Security Number _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Date of Birth _____</p>	ETHNICITY	<p><b>Please check the category that is most appropriate to your background.*</b></p> <p><input type="checkbox"/> (B) White (not Hispanic)</p> <p><input type="checkbox"/> (C) Black (not Hispanic)</p> <p><input type="checkbox"/> (D) Hispanic (of any race)</p> <p><input type="checkbox"/> (E) Puerto Rican</p> <p><input type="checkbox"/> (F) Asian</p> <p><input type="checkbox"/> (G) American Indian or Alaskan Native</p> <p><input type="checkbox"/> (H) Italian American</p> <p><input type="checkbox"/> (I) Native Hawaiian or Pacific Islander</p>
MARITAL STATUS	<p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Legally Separated</p> <p><input type="checkbox"/> Widowed</p>	CITIZENSHIP STATUS	<p>U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No: Country of Origin _____</p> <p><input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien</p> <p>Have you clearance to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of Visa _____</p> <p>Primary purpose in the U.S. _____</p> <p>Intended length of stay _____</p>
VETERAN STATUS	<p><input type="checkbox"/> Veteran – other than Vietnam</p> <p><input type="checkbox"/> Veteran – Vietnam</p> <p><input type="checkbox"/> No Service</p>	EMERGENCY CONTACT 2	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>( ) _____ ( ) _____</p> <p>Home Telephone # _____ Work Telephone # _____</p>
EMERGENCY CONTACT 1	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>( ) _____ ( ) _____</p> <p>Home Telephone # _____ Work Telephone # _____</p>	EDUCATIONAL DATA	<p>Highest Educational Level: (Attach proof of degree)</p> <p><input type="checkbox"/> High School Diploma or Equivalence</p> <p><input type="checkbox"/> Associate Degree</p> <p><input type="checkbox"/> Bachelors Degree</p> <p><input type="checkbox"/> Masters Degree</p> <p><input type="checkbox"/> Doctorate</p>
EDUCATIONAL DATA	<p>Highest Educational Level: (Attach proof of degree)</p> <p><input type="checkbox"/> High School Diploma or Equivalence</p> <p><input type="checkbox"/> Associate Degree</p> <p><input type="checkbox"/> Bachelors Degree</p> <p><input type="checkbox"/> Masters Degree</p> <p><input type="checkbox"/> Doctorate</p>	EMERGENCY CONTACT 2	<p>Employee Signature _____</p> <p>Date _____</p>

\*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.





**REVISED CONVICTIONS** To be used instead of Form 602a R-01/01 (Applicants for Security and Public Safety positions are subject to a more vigorous criminal history background check.)

A conviction record will not necessarily disqualify you from the position for which you are applying. Each record is reviewed to determine eligibility in accordance with guidelines established by the University and in accordance with New York State Law. However, **FAILURE TO REPORT THE REQUIRED INFORMATION WILL AUTOMATICALLY DISQUALIFY YOU REGARDLESS OF THE REASON FOR THE OMISSION/FALSIFICATION.**

For each conviction or pending charge, you may state facts in favor of your employment on a separate sheet to be attached to this form. These facts will be considered when your application is being reviewed.

**A suspended sentence, a fine, a conditional discharge, a Certificate of Relief from Disabilities, or an adjournment in contemplation of dismissal, does not expunge an offense from your record, and the offense must be reported.**

1. Were you **ever** convicted of an offense anywhere including **felonies, misdemeanors or violations (except for traffic violations or convictions sealed, expunged or set aside under Federal or State law)**?

Answer YES or NO \_\_\_\_\_

Only a court can determine youthful offender status and seal a conviction. You are not considered a youthful offender just because of your age at the time of the conviction. If you are unsure whether a conviction was sealed, respond yes to the question and explain below or in an attachment why you are unsure. Most traffic tickets involve infractions or violations, which need not be reported. However, some convictions, such as driving while intoxicated, are classified as misdemeanors or more serious offenses, which must be reported.

2. Are there any criminal charges or violations (except for traffic violations) **currently** pending against you?

Answer YES or NO \_\_\_\_\_

3. In the space below, please list: a) all felony convictions and felony pending charges **regardless of the date received**; and b) for misdemeanors and violations, all your convictions and pending charges **for the past 10 years**. If none, write "NONE". You must list convictions even if you plead guilty or received a Certificate of Relief from Disabilities, and regardless of the penalty or sentence you received.

Date of Conviction (Mo/Yr)	Offense of which you were convicted	Name/location of court	Disposition including incarceration

**WARNING: FALSIFYING OR OMITTING ANY MATERIAL REQUIRED ON THIS FORM WILL RESULT IN YOUR DISQUALIFICATION AND YOUR REMOVAL FROM CUNY SERVICE AND MAY RESULT IN CRIMINAL PROSECUTION. YOUR STATEMENTS WILL BE CHECKED USING COURT OR OTHER RECORDS. REMEMBER TO RESPOND TO THE THREE QUESTIONS AND FILL IN THE INFORMATION REQUESTED ABOVE.**

**DECLARATION FOR THE SECTIONS ABOVE**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Print name) (Address)

do declare that all the statements contained herein are true and correct to the best of my knowledge. \_\_\_\_\_  
(Signature)

**To be completed by College HR/Personnel Department**

Candidate \_\_\_\_\_ College \_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_

CSC Title \_\_\_\_\_ Action (Appt, Trans, Reinst) \_\_\_\_\_ App't Date \_\_\_\_\_ Status \_\_\_\_\_

Completed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

HR/Personnel Director \_\_\_\_\_  
(Signature)

**CU  
INVEST IN NY**

**The City University of New York**  
**New Employee Tax Compliance Notification Sheet**

The Internal Revenue Service ("IRS"), the U.S. government tax authority, has issued strict regulations regarding the taxation and reporting of payments made to non-U.S. citizens. As a result, the City University of New York ("CUNY") may be required to withhold U.S. income tax and file reports with the IRS in connection with payments made by the CUNY to employees (e.g., faculty, staff, and student employees) who are not U.S. citizens or permanent resident aliens (i.e., green card holders) and who receive payment for services. In addition, CUNY is required to report payments to the IRS.

All individuals who are not citizens or permanent resident aliens of the United States are required to complete an Individual Record using the **GLACIER** online Tax Compliance System. **If you are a new employee, you must go in person to receive a password and instructions of how to access GLACIER from the Nonresident Alien Tax Specialist.** If you have already completed your Individual Record in **GLACIER**, additional or updated information may be required.

**GLACIER** is accessible via the Internet from any web-accessible computer from anywhere in the world. When you receive your password and instructions, please complete the information on **GLACIER** immediately. **GLACIER** is simple and convenient to use; however, if you assistance, you should contact the Nonresident Alien Tax Specialist. Once you have completed the information in **GLACIER**, you must schedule an appointment with the Nonresident Alien Tax Specialist; please bring all completed forms and original documents to the appointment.

**Please note: You must complete the entire process within 7 business days from the date you sign this notification sheet. If you do not complete the entire process within 7 business days, the maximum rate of U.S. federal income tax and all other applicable taxes, including FICA, will be withheld from all payments until you access GLACIER to input information and submit your forms for processing. Any tax withheld because the required tax information was not provided will not be refunded by CUNY.**

The Nonresident Alien Tax Specialist is located at:

Lehman College - Human Resources  
Shuster Hall Room 230  
718-960-8447 – Iasia Bailey  
E-mail: <mailto:iasia.bailey@lehman.cuny.edu>

I have been notified of my requirement to complete certain information in **GLACIER**. I understand that I must go to the Nonresident Alien Tax Specialist office to obtain access and instructions for **GLACIER**.

Employee Name (Print)	
	_____
Employee Signature	Date
	_____
E-mail Address	Employee Phone Number
	_____
	Date
	_____

Original to Nonresident Alien Tax Specialist  
Copy to Employee  
Copy to Form I-9 Certifier  
Copy to Human Resources



**According to Section 3002 of the New York State Education Law and Section 62 of the New York State Civil Service Law, every employee of the College is required to review and complete the following oath of allegiance.**

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### AMENDED OATH OF ALLEGIANCE

\_\_\_\_\_  
PRINT (Last Name)

\_\_\_\_\_  
PRINT (First Name)

\_\_\_\_\_  
PRINT (M. I.)

DEPARTMENT \_\_\_\_\_

I do hereby pledge and declare that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position of \_\_\_\_\_ according to the best of my ability.

\_\_\_\_\_  
(Signature of Staff Member)

\_\_\_\_\_  
(Post Office address of Staff Member)

\_\_\_\_\_  
Date

## NOTICE TO EMPLOYEE

Under an act recently passed by the New York State Legislature and by agreement between the City and municipal employee unions, employees in titles which are represented in collective bargaining but who are not union members are subject to a deduction from their salary in an amount equal to the dues payable by a union member.

### STATEMENT

I have been informed that I have the right to join or refrain from joining the union certified for my title. I understand that if I refrain from joining I will be subject to an Agency Shop fee deduction which shall be an amount equivalent to the amount of dues payable by a union member.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### TO BE FILLED OUT BY THE AGENCY

#### Notice to Union

Please be advised of the appointment or change in status of the employee as indicated below:

Employee Name: \_\_\_\_\_ S.S. No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Title Code No. \_\_\_\_\_

Payroll: Bank \_\_\_\_\_ Dept. No. \_\_\_\_\_ Paycheck Frequency \_\_\_\_\_

Leave Status: \_\_\_\_\_ Job Code: \_\_\_\_\_ Distribution No. \_\_\_\_\_

Payroll Clerk: \_\_\_\_\_ Payroll Clerk's Signature \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Address \_\_\_\_\_

\_\_\_\_\_  
(Name of Union)

Weekly, bi-Weekly, 28 day, monthly, four times a semester

To the union: Agency Shop fee deduction cannot begin until the above Agency Payroll Section receives this form for further processing.

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### TO BE FILLED OUT BY THE APPROPRIATE UNION

Please start Agency Shop deductions for the employee as follows:

Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

It is hereby certified that the above employee is in a title certified to this union and covered under an Agency Shop Fee Agreement currently in effect with the Employer. It is further certified that the amount of Agency Shop Fee deduction, as indicated, is the amount equivalent to the amount of dues payable by a member.

Name of Union Official: \_\_\_\_\_

**THE CITY UNIVERSITY OF NEW YORK: FORM210**  
**Certification of Prior NYS or NYC Public Service**  
**Collection of Public Pension Funds: Calendar Year \_\_\_\_\_**

Dear CUNY job candidate:

The New York State Retirement and Social Security Law requires retirees of a public pension plan within the State or City of New York to disclose prior public employment and pension plan history to The City University New York for the purpose of establishing a retiree's eligibility for employment. Failure to disclose such information can result in the suspension or diminution of the retiree's public pension benefits

INSTRUCTIONS: Please complete Sections A, B and C as they pertain to you, and then sign the bottom portion of the form. A copy of this form will be required to be submitted prior to any appointment decision made by the college. ***You are responsible*** for forwarding a copy of the signed form to the college personnel office. (Adjuncts who have checked #2 in Section B must submit this form every semester in which their employment continues)

**Section A**

Name (last, first)	Social Security Number
Position Applied for	College

**Section B: Affidavit or Prior Service (Please check the one which applies to you):**

- 1) ☐ I have no prior service with a public service agency, organization or jurisdiction funded by New York City or New York State;
- 2) ☐ I am a former employee of \_\_\_\_\_ of the City/State of New York:  
☐ I am collecting a retirement benefit from a public pension system (including an ORP) maintained by the State or City of New York (***please provide pension plan name***) \_\_\_\_\_  
☐ I am not collecting a retirement benefit based upon this public service;

**Section C: Current Positions in Public Service (Please check one of the following only if you checked #2 in Section B):**

- 1) ☐ I am not currently working for another public service agency, organization or jurisdiction funded by New York City or New York State, nor have I worked at any such entity during the calendar year;
- 2) ☐ I am now working for, or have worked for during the calendar year, another public service agency, organization or jurisdiction funded by New York City or New York State (***please provide details of this employment***):  
\_\_\_\_\_  
\_\_\_\_\_

**Attestation: I hereby attest that the information I have provided above is correct to the best of my knowledge.**

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

Witnessed by: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
Department Official

Received by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**THE CITY UNIVERSITY OF NEW YORK  
ADJUNCT INSTRUCTIONAL STAFF AND GRADUATE ASSISTANT  
WORKLOAD REPORTING FORM<sup>1</sup>**

Sections 15.2 and 15.3 of Article 15 of the Agreement between The City University of New York and the Professional Staff Congress/CUNY state:

**15.2 WORKLOAD FOR THE PART-TIME MEMBERS OF THE INSTRUCTIONAL STAFF:**

A person appointed to an Adjunct title is not a full-time employee of The City University of New York. Employment in an adjunct position or a combination of adjunct positions shall not constitute a full-time position. Adjunct lecturers or adjuncts in other titles, excluding Graduate Assistants, shall not be assigned a total of more than nine (9) classroom contact hours during a semester in one unit of The City University of New York. In addition, such adjunct may be employed to teach a maximum of one course of not more than six (6) hours during a semester at another unit of The City University of New York.

For persons in non-teaching adjunct titles, the limitations noted above are equated to not more than 225 hours per semester at one college and not more than 150 hours per semester at a second college of the University.

**15.3 WORKLOAD FOR STAFF IN THE GRADUATE ASSISTANT TITLE SERIES:**

Graduate students holding the title Graduate Assistant A shall have an assignment of a maximum of 240 contact teaching hours or 450 hours of non-teaching assignments during the work year. Graduate students holding the title of Graduate Assistant B shall have an assignment of a maximum of 120 classroom teaching hours or 225 hours of non-teaching assignments in the B title during the work year. If a Graduate B holds an adjunct or other hourly position, his or her total combined assignment may not exceed 240 contact teaching hours or 450 hours of non-teaching assignment during the work year. Graduate students holding the title Graduate Assistant C shall have an assignment of a maximum of 180 classroom teaching hours during the work year. If a Graduate Assistant C also holds an Adjunct teaching position, his or her total combined assignment may not exceed 270 contact teaching hours during the work year.

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***To be filled out by adjunct instructional staff member or Graduate Assistant:***

NAME \_\_\_\_\_ SEMESTER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ TITLE(s) \_\_\_\_\_

List all courses being taught or non-teaching hours (including Graduate Assistant A, B and C assignments) assigned within The City University:

College	Department	Title	Course/Section	Hours
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**I certify that I have read the above provisions, and that I have not accepted and will not accept an assignment with any college or unit of CUNY that will exceed the contractual limitations, unless such limitations have been explicitly waived by CUNY and the PSC. I further certify that, if there are any changes in this information during the semester, I will submit an updated form to the Department Chair to reflect these changes.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Review by Department Chair**

**I certify that I have reviewed this form and that it accurately reflects the course(s) and/or non-teaching hours assigned at this college.**

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_  
Date

OFSR 5/06

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<sup>1</sup> Not to be completed by any person having a full-time instructional staff position.

**Direct Deposit Form for NYS Employees**

(To be used for enrollment, changes and cancellations)

**Section A: Employee Information**

NAME (LAST, FIRST, MI) \_\_\_\_\_ WORK PHONE # (\_\_\_\_) \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY # \_\_\_\_\_ AGENCY/DEPT CODE \_\_\_\_\_

For more than three accounts or if you prefer to list each Financial Institution on a separate form, use additional forms as necessary. Up to seven fixed amount or percentage deposits may be processed as well as one excess (net pay) deposit.

Section B: Account Type	New or Additional *	Change Joint Account Holder *	Change Amount or Percentage	Cancel	Name of Financial Institution	Account Number	Amount, Percentage or Excess
	(✓)	(✓)	(✓)	(✓)			
1. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							
2. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							
3. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							

\*For new/additional accounts with joint account holders or to add a joint account holder to existing accounts, both signatures are required in Section D.

**Section C: This section must be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. The employee's name MUST appear on the account(s).**

As a representative of the below named financial institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above in accordance with Part 102 of the Codes, Rules, and Regulations of the State of New York and to be bound by such rules. Salary credited to the account below will be available to the depositor on payday.

1. NAME OF FINANCIAL INSTITUTION \_\_\_\_\_ Account Type ☐ Savings ☐ Checking  
 Depositor's Account Number (EFT Format) \_\_\_\_\_ Routing Number \_\_\_\_\_

Print or Type Representative's Name	Signature of Representative	Telephone Number	Date
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2. NAME OF FINANCIAL INSTITUTION \_\_\_\_\_ Account Type ☐ Savings ☐ Checking  
 Depositor's Account Number (EFT Format) \_\_\_\_\_ Routing Number \_\_\_\_\_

Print or Type Representative's Name	Signature of Representative	Telephone Number	Date
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3. NAME OF FINANCIAL INSTITUTION \_\_\_\_\_ Account Type ☐ Savings ☐ Checking  
 Depositor's Account Number (EFT Format) \_\_\_\_\_ Routing Number \_\_\_\_\_

Print or Type Representative's Name	Signature of Representative	Telephone Number	Date
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**Section D: Employee/Joint Account Holders Certification: I certify that I read and understand the instructions to this form, including the authorization for recovery.** In signing this form, I authorize my salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s). The joint account holder for accounts listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

B-1 Joint Account Holder \_\_\_\_\_ Date \_\_\_\_\_

B-2 Joint Account Holder \_\_\_\_\_ Date \_\_\_\_\_

B-3 Joint Account Holder \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:** Please complete the form as described below, and then forward it to your agency/department payroll or personnel office. You can also contact that office for assistance in completing the form.

**NEW/ADDITIONAL ACCOUNT OR CHANGES IN ACCOUNT HOLDERS:** Employee **must** complete Sections **A**, **B**, and **D** for each new/additional account or for changes in account holders. See instructions below for Section **C**.

**Section A:** Indicate your name, work phone number and Agency/Department code. For your personal privacy, enter only the last four digits of your social security number.

**Section B:** To enroll in direct deposit or add an account, place a check mark in the account type (checking or savings) and in the “New or Additional” column. For changes in account holders, place a check mark in the account type and in the appropriate “Change” column. Indicate the name of the financial institution, account number, and amount or percentage to be deposited.

- Employees may choose **up to seven** fixed amount or percentage deposits, as well as **one excess** (net pay) deposit. This form accommodates up to three accounts. For more than three accounts or if you prefer to list each financial institution on a separate form, use additional forms as necessary.
- Account number is obtained from a personal check, bank statement, or the financial institution.
- To deposit a fixed amount, enter a specific amount (may include cents, e.g. \$100.25). To deposit a portion of the paycheck, enter a specific percent (must be a full percentage, e.g. 50%). Write the word “**excess**” to deposit the remainder of monies after all other distributions.

**Section C:** For Savings Accounts, this section **must** be completed by your financial institution(s). For Checking Accounts, this section **must** be completed by your financial institution(s) if you are **not** attaching a voided personal check. The employee’s name **must** appear on the account.

**Section D:** The Employee/Joint Account Holder Certification **must** be signed by the employee in **all** instances and any joint account holder if this is a new/added account. By signing this form, the employee and any joint account holder each allows the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

**CHANGES TO MONEY OR PERCENTAGE AMOUNT:** Employees may add, change or cancel the money or percentage amount deposited to an account by completing Sections **A**, **B**, and **D** of a new Direct Deposit Form. Section **C** does **not** need to be completed for these changes. In Section **B**, place a check mark in the appropriate “Change” column. New fixed amount or percentage direct deposits will be assigned a lesser priority than existing fixed amount or percentage direct deposits. For example, if an employee’s pay is not sufficient to cover all direct deposits, the most recently designated direct deposit(s) will not be taken.

To change direct deposit priorities, please contact your agency payroll or personnel office. Financial institution changes may take up to two payroll periods to become effective. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee’s direct deposit transaction, employees may experience a delay in payments. Joint account holder’s signature is not required for these transactions.

**CANCELLATIONS:** The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. To cancel the agreement, the employee **must** complete Sections **A**, **B** and **D** of a new Direct Deposit Form for the transaction(s) to be canceled. Joint account holder’s signature is not required. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee’s direct deposits when internal control policies would be compromised by this form of salary payment.

#### **Additional Information**

The information on this form is required pursuant to Part 102 of the Codes, Rules and Regulations of New York State (2 NYCRR 102). **This form is a legal document and cannot be altered by the agency, employee or financial institution. If there are any changes, the employee must complete a new form.** The information supplied by the employee will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments. Failure by the employee to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program of the Bureau of State Payroll Services, NYS Office of the State Comptroller.



# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____				
<b>B</b>	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">} . . . . .</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	} . . . . .	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	<b>B</b> _____
• You are single and have only one job; or	} . . . . .					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____				
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____				
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____				
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____				
For accuracy, <b>complete all worksheets that apply.</b> <table><tr><td>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.						
• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.						
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.						

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
► <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>				<b>2012</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b>		\$	
<b>7</b> I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ►		<b>7</b>			

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**

(This form is not valid unless you sign it.) ►

**Date** ►

<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)
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**Deductions and Adjustments Worksheet****Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Employee's Withholding Allowance Certificate****IT-2104****New York State • New York City • Yonkers**

<b>Print or type</b>	First name and middle initial	Last name	Your social security number
	Permanent home address (number and street or rural route)	Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
	City, village, or post office	State	ZIP code
			Married, but withhold at higher single rate <input type="checkbox"/>
<b>Note:</b> If married but legally separated, mark an <b>X</b> in the <i>Single or Head of household</i> box.			
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Complete the worksheet on page 3 before making any entries.</b>			
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) .....			<b>1.</b>
2 Total number of allowances for New York City (from line 31) .....			<b>2.</b>
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>			
3 New York State amount .....			<b>3.</b>
4 New York City amount .....			<b>4.</b>
5 Yonkers amount .....			<b>5.</b>

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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**Penalty** — A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep pages 3 and 4 for your records.****Employers only:** Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instr.):A. Employee claimed more than 14 exemption allowances for NYS ..... A. ☐B. Employee is a new hire or a rehire.... B. ☐ First date employee performed services for pay (mm-dd-yyyy) (see instr.): Are dependent health insurance benefits available for this employee? ..... Yes ☐ No ☐If Yes, enter the date the employee qualifies (mm-dd-yyyy): 

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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**Instructions****Changes effective for 2012**

The chart in Part 4 and the additional dollar amounts in the instructions on page 2, used to compute your withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised for tax year 2012. If you filed a 2011 Form IT-2104 and used the charts in Part 4 or the additional dollar amounts, you should complete a new 2012 Form IT-2104 and give it to your employer.

**Who should file this form**

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.

- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

**Exemption from withholding**

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file

Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, **and** you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,000.

### Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 3 on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must send** a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1, 2, 20, or 31, and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

**Income from sources other than wages** — If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Income Tax Payment Voucher for Individuals*, or see *Need help?* on page 4.

**Other credits** (Worksheet line 13) — If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances as follows:

- If you expect your New York adjusted gross income to be less than \$50,000, divide the amount of the expected credit by 60 and enter the result (rounded to the nearest whole number) on line 13.
- If you expect your New York adjusted gross income to be \$50,000 or more, divide the amount of the expected credit by 70 and enter the result (rounded to the nearest whole number) on line 13.

**Example:** You expect your New York adjusted gross income to exceed \$50,000. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 70.  $160/70 = 2.2857$ . The additional withholding allowance(s) would be 2. Enter **2** on line 13.

**Married couples with both spouses working** — If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. You should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 20 and line 31 (if applicable) between you and your working spouse. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If you and your spouse's combined wages are between \$100,000 and \$150,000, use the chart in Part 4 to compute the number of allowances to transfer to line 19.

**Taxpayers with more than one job** — If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, reduce the number of allowances by six on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If your combined wages are between \$100,000 and \$150,000, use the chart in Part 4 to compute the number of allowances to transfer to line 19. Substitute the words *Highest paying job* for *Higher earner's wages* within the chart.

**Dependents** — If you are a dependent of another taxpayer and expect your income to exceed \$3,000, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

**Heads of households with only one job** — If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 14.

**Married couples with only one spouse working** — If your spouse does not work and has no income subject to state income tax, mark the *Married* box on the front of the certificate. You may also wish to claim two additional allowances on line 15.

### Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances using the worksheet on page 3 and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.50 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 15% (.15) of the New York State amount for additional withholding for Yonkers on line 5.

**Note:** If you are requesting that your employer withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart in Part 4, is accurate for a weekly payroll. Therefore, if you are paid other than weekly, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed using the worksheet on page 3.

### Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

### Employers

**Box A** — If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an **X** in box A and send a copy of Form IT-2104 to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227.**

Due dates for sending certificates received from employees claiming more than 14 allowances are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

**Box B** — If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program, mark an **X** in box B. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions. Also, mark an **X** in the *Yes or No* box indicating if dependent health insurance benefits are available to this employee. If *Yes*, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to: **NYS Tax Department, New Hire Notification, PO Box 15119, Albany NY 12212-5119.** To report newly-hired or rehired employees online instead of submitting this form, go to [www.nynewhire.com](http://www.nynewhire.com).

## Worksheet

### Part 1 — Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6 Enter the number of dependents that you will claim on your state return ( <i>do not include yourself or, if married, your spouse</i> ) ...	6. _____
<b>For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.</b>	
7 College tuition credit .....	7. _____
8 New York State household credit .....	8. _____
9 Real property tax credit .....	9. _____
<b>For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.</b>	
10 Child and dependent care credit .....	10. _____
11 Earned income credit .....	11. _____
12 Empire State child credit .....	12. _____
13 Other credits ( <i>see instructions</i> ) .....	13. _____
<b>For lines 14 and 15, enter 2 if either situation applies.</b>	
14 Head of household status <b>and</b> only one job .....	14. _____
15 Married couples with only <b>one</b> spouse working <b>and</b> only one job .....	15. _____
16 Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ _____ Divide this estimate by \$1,000. Drop any fraction and enter the number .....	16. _____
17 If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 28. All others enter <b>0</b> .....	17. _____
18 Add lines 6 through 17 .....	18. _____
19 If you have more than one job, or are married with both spouses working, and your combined wages are between \$100,000 and \$150,000, enter the appropriate number from the chart in Part 4. All others enter <b>0</b> .....	19. _____
20 Subtract line 19 from line 18. Enter the result, including negative amounts, here and on line 1. If your employer cannot accommodate negative allowances, enter <b>0</b> here and on line 1 and see <i>Additional dollar amounts</i> in the instructions. (If you have more than one job, or if you and your spouse both work, see instructions.) .....	20. _____

### Part 2 — Complete this part only if you expect to itemize deductions on your state return.

21 Enter your estimated federal itemized deductions for the tax year .....	21. _____
22 Enter your estimated state, local, and foreign income taxes or state and local general sales taxes included on line 21 ( <i>if your estimated New York AGI is over \$1 million, you must enter on line 22 all estimated federal itemized deductions included on line 21 except charitable contributions</i> ) .....	22. _____
23 Subtract line 22 from line 21 .....	23. _____
24 Enter your estimated college tuition itemized deduction .....	24. _____
25 Add lines 23 and 24 .....	25. _____
26 Based on your federal filing status, enter the applicable amount from the table below .....	26. _____

**Standard deduction table**

Single (cannot be claimed as a dependent) ... \$ 7,500	Qualifying widow(er) ..... \$15,000
Single (can be claimed as a dependent) ..... \$ 3,000	Married filing jointly ..... \$15,000
Head of household ..... \$10,500	Married filing separate returns ..... \$ 7,500

27 Subtract line 26 from line 25 ( <i>if line 26 is larger than line 25, enter 0 here and on line 17 above</i> ) .....	27. _____
28 Divide line 27 by \$1,000. Drop any fraction and enter the result here and on line 17 above .....	28. _____

### Part 3 — Complete this part to compute your withholding allowances for New York City (line 2).

29 Enter the amount from line 6 above .....	29. _____
30 Add lines 14 through 17 above and enter total here .....	30. _____
31 Add lines 29 and 30. Enter the result here and on line 2 .....	31. _____

**Part 4** — This chart is for taxpayers with more than one job, or married couples with both spouses working, and combined wages between \$100,000 and \$150,000. All others do not have to use this chart.

Enter the number of allowances (top number) on line 19, or the additional withholding (bottom dollar amount) on line 3.

Combined wages between \$100,000 and \$150,000										
Higher earner's wages ↓	\$100,000 to 105,000	\$105,000 to 110,000	\$110,000 to 115,000	\$115,000 to 120,000	\$120,000 to 125,000	\$125,000 to 130,000	\$130,000 to 135,000	\$135,000 to 140,000	\$140,000 to 145,000	\$145,000 to 150,000
under \$90,000	1 \$1.00	2 \$2.50	3 \$4.00	4 \$5.50	5 \$7.00	6 \$8.50	7 \$10.00	8 \$12.00	9 \$13.00	10 \$15.00
\$90,000 – \$100,000		2 \$2.50	3 \$4.00	4 \$5.50	5 \$7.00	6 \$8.50	7 \$10.00	8 \$11.50	9 \$13.00	10 \$14.50
\$100,000 – \$110,000		1 \$1.50	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50	8 \$12.00	9 \$13.50
\$110,000 – \$120,000			1 \$1.50	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50	8 \$12.00
\$120,000 – \$130,000					2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50
\$130,000 – \$140,000							3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00
\$140,000 – \$150,000									4 \$6.00	5 \$7.50

#### Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

#### Need help?



Visit our Web site at ***www.tax.ny.gov***

- get information and manage your taxes online
- check for new online services and features



#### Telephone assistance

Automated income tax refund status: (518) 457-5149

**Personal Income Tax** Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



# Form I-9, Employment Eligibility Verification

## Instructions

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

**For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### **Section 3, Updating and Reverification**

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
  2. Record the document title, document number, and expiration date (if any) in Block C; and
  3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### **What Is the Filing Fee?**

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### **USCIS Forms and Information**

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### **Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.



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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

**Form I-9, Employment  
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States  
☐ A noncitizen national of the United States (see instructions)  
☐ A lawful permanent resident (Alien #) \_\_\_\_\_  
☐ An alien authorized to work (Alien # or Admission #) \_\_\_\_\_  
until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

LIST A	OR	LIST B	AND	LIST C
<b>Documents that Establish Both Identity and Employment Authorization</b>		<b>Documents that Establish Identity</b>		<b>Documents that Establish Employment Authorization</b>
1. U.S. Passport or U.S. Passport Card		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		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		4. 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. Voter's registration card		
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		8. Employment authorization document issued by the Department of Homeland Security
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
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		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

## THE CITY UNIVERSITY OF NEW YORK

### LEHMAN COLLEGE WORKPLACE VIOLENCE PREVENTION PROGRAM

In accordance with the University's commitment to the prevention of workplace violence, Lehman College adopts the following as its Workplace Violence Prevention Program (the "Program"):

#### 1. Purpose

The University's Workplace Violence Prevention Program provides information to the College community about preventing and responding to incidents of workplace violence at the College's worksites and facilities and seeks to develop programs which will prevent or reduce the likelihood of threats or acts of workplace violence. The Program seeks to ensure that any incident, complaint, or report of workplace violence is taken seriously and dealt with appropriately. The Program implements the Workplace Violence Prevention Policy adopted by the Board of Trustees on February 28, 2011. As set forth therein, workplace violence is defined as any physical assault or acts of aggressive behavior occurring where an employee performs any work-related duty in the course of his or her employment, including but not limited to:

- i. An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee;
- ii. Any intentional display of force that would give an employee reason to fear or expect bodily harm;
- iii. Intentional and wrongful physical contact with an employee without his or her consent that entails some injury; and
- iv. Stalking an employee in a manner that may cause the employee to fear for his or her physical safety and health when such stalking has arisen through and in the course of employment.

#### 2. Scope

All College employees are required to comply with the Program. In addition, since students and visitors to the College are required to conduct themselves in conformity with existing law, employees who observe or experience students or visitors engaging in violent or threatening behavior should follow the procedures in the Program for reporting such behavior.

#### 3. Workplace Violence Advisory Team ("WVAT")

- a. The WVAT reports directly to the College President and consists of members designated by the President.

- b. The WVAT Chair, selected by the President, sets the times and agendas for meetings and establishes sub-committees, as necessary, to fulfill the WVAT responsibilities set forth herein and in sections 4, 7 and 12.
- c. The Chair and members of the WVAT and their contact information are listed in Appendix I.
- d. The WVAT will coordinate the Workplace Violence Prevention training at the Colleges.

#### 4. Risk Assessment and Evaluation Process

- a. On an annual basis, the WVAT will:
  - i. Examine the prior year's relevant records that concern workplace violence incidents to identify patterns in the type and cause of injuries.
  - ii. Assess relevant policies, work practices, and work procedures that may impact the Workplace Violence Prevention Program.
  - iii. Review survey responses received from employees of the College. Survey forms are available to employees on the College's website and in hard-copy at the College's Office of Public Safety and Office of Human Resources. Completed survey forms are to be forwarded to the Director of Public Safety, as the physical site evaluation team leader.
- b. The WVAT will conduct a physical site evaluation of the College's workplace to determine the presence of factors that may place employees at risk of workplace violence. Each authorized employee representative organization with employees at the College will be given advance notice, in writing, from the Vice President for Administration of the date(s) and time(s) of the site visit(s). Each authorized employee organization may designate a representative to participate in the site visit(s) by notifying the WVAT Chair in writing of the designated representative. In addition to the authorized employee representative(s), an employee may also request to participate directly in the site visit for his/her work area by contacting the WVAT Chair. The authorized employee representative(s) will be provided with incident reports (without names) for the previous year. The authorized employee representative(s) may submit to the WVAT Chair any comments regarding situations in the workplace that pose a threat of workplace violence.
- c. Following the physical site evaluation, the WVAT will prepare a report of the findings, including a list of the high risk factors identified during the physical site evaluation and recommendations on appropriate work practice control measures to address identified risk factors. The report will be submitted to the President for appropriate action. Copies of the report will be made available, upon request, to employee(s), their authorized representatives(s), and the New York State Department of Labor.

- d. Physical site evaluation/risk assessment evaluations will be conducted after an incident of workplace violence, as needed and as identified by the Department of Labor, or if it is determined that a significant trend of workplace violence is identified.

## 5. High Risk Locations/Risk Factors

1. All employees need to receive training in the Workplace Violence Preventive Planning and Procedure.
2. Concerns for our ability to send mass communications of an emergency nature to the immediate college community, such as through Public Address system.
3. Lehman should strive for 100% enrollment of the college community into C.U.N.Y. ALERT to ensure notification of emergency situations to all students and staff.
4. College locations that handle money, including cash, money orders, checks and credit card receipts: Bursar/Controller Offices; Student Association Services and Performing Arts Centers.
5. Locations that handle stressful issues for students, such as the Counseling Center, Library, Registrar, and Academic Advisement and those involved with faculty and staff, such as the office of the Labor Designee and Human Resources.
6. Sites where employees work late at night or early in the morning, or on weekends.
7. There are no immediate guidelines on what to do if someone is attacked when there is not enough time to call for assistance or go to the website to view emergency procedures.
8. Orientation for new faculty members regarding Workplace Violence Prevention is not adequate enough for retention.

### • Engineering Controls

1. Closed Captioned Television (C.C.T.V.) throughout the campus and in buildings.
2. Blue Light Duress Stations in all buildings, on every floor, and throughout the campus for emergency and non-emergency direct communication to the Public Safety Department.
3. Mirrors to see around corners and blind spots
4. Card access.
5. Outside events, student dance will have metal detectors, stationary and wand types.
6. New outdoor lighting throughout the campus.
7. Bullet resistant glass at the Public Safety Central Command Station, as well as the Bursar's Department and all money-handling locations.

### • Administrative/Work Practice Controls

1. Sign In/Sign Out procedures for after hours, weekends and holidays.

January 27, 2012

2. Bicycle Patrol Units scheduled on all shifts.
3. K-9 patrol scheduled on the late tour (11:00 pm-7:30 am) for escorts of researchers, and patrols of the buildings and tunnel systems.
4. Work Orders to repair broken locks, fence openings, and gates, as well as the removal of debris and clean up of areas that have become attractive to criminals.
5. Late tour patrols are directed to lock all basement gates in the tunnels leading from building to building, and to only open those gates when requested, for college related tasks.
6. The creation of Emergency Procedure Flip through pamphlets sent to all college departments to facilitate obtaining information on “what-to-do” rather than surfing the web to see policy and procedure.
7. The College is conducting research into obtaining a Public Address System to notify the community of an emergency situation throughout the campus.
8. The goal of 100% C.U.N.Y. ALERT enrollment will be enhanced with more recruitment through Town Hall meetings, Orientations, Community Alerts and possibly at the three (3) General Faculty Meetings, if approval is granted.
9. On-line training is being planned for all employees, and selected members of the college community, with the training set to begin May 2011.

- **Personal Protective Equipment**

1. Walkie-Talkies are utilized in the Public Safety and Buildings and Grounds Departments.
2. Cell Phones have been issued to Public Safety, some Buildings and Grounds staff, Administrators and Support staff.
3. Emergency and Non-Emergency contact to the Public Safety Department through the Blue Light Duress Stations throughout the College campus.
4. Emergency Contact with the Public Safety Department can be obtained through the wall mounted “Red-Phones” and/or by dialing “7777” from any internal telephone.
5. There is a security tie-in from off-campus resident housing to the main campus with C.C.T.V., Duress Stations, Alarm systems, Key-Fob for emergency automatic front door opening, with spot light, alarm and C.C.T.V. activation.

- **Panic Buttons**

Panic Buttons are located in the:

1. Student Counseling Center
2. Student Health Center
3. Public Safety Administrative Office
4. Bursar’s Office

January 27, 2012

## 6. Employee Information and Training

All employees must participate in training on the risks of workplace violence in their workplace at the time of initial employment and at least annually thereafter. The employee training and information program includes information regarding how to locate the Policy and Program as well as survey forms.

The College provides training to its employees. The training program addresses the following essential topics:

- a. An overview and definition of workplace violence;
- b. The College's commitment to providing a safe workplace;
- c. Instructions regarding how to obtain a copy of the written Policy and Program;
- d. A listing of significant identified risk factors;
- e. Techniques on how to recognize and avoid potentially violent situations, including de-escalation techniques;
- f. How employees can protect themselves and how employees can suggest improvements to the Program;
- g. The importance of reporting incidents and how to report such incidents;
- h. Where employees can seek assistance during a dangerous situation; and
- i. Resources, such as trauma counseling, that may be available to employees after an incident has occurred.

Additional training will be conducted as necessary and as determined by the needs of the College.

## 7. Reporting Process/Procedures to Report Incidents of Workplace Violence

In order to maintain a safe working environment, incidents of workplace violence must be reported promptly to a supervisor and/or the Office of Public Safety. The phone number of the College's Office of Public Safety is (718) 960-8593. Members of the College community are also encouraged to report other behavior they believe may lead to potential workplace violence. After an incident occurs, or upon receipt of a complaint, an investigation will be conducted by the Office of Public Safety. Complaints involving the Office of Public Safety will be investigated by the Office of Human Resources.

- a. The College will use a form maintained by the University's Office of Public Safety to record incidents of workplace violence. The College Office of Public Safety will maintain all records of initial reports and the results of any investigative reports relating to Workplace Violence at the College. As set forth therein, investigative reports must include:
  - i. Workplace location where the incident occurred;
  - ii. Time of day/shift when the incident occurred;



- iii. A detailed description of the incident, including events leading up to the incident and how the incident ended;
  - iv. Names and job titles of employees involved;
  - v. Name or other identifier of other individual(s) involved;
  - vi. Nature and extent of injuries arising from the incident; and
  - vii. Names of witnesses.
- b. The WVAT reviews the investigation results of incidents and complaints, determines whether there is a violation of the Policy and provides a report to the President.
  - c. The WVAT, with the participation of the authorized employee representative(s), conducts a review of the Campus Workplace Violence Incidents Report at least annually to identify trends in the types of incidents in the workplace and reviews the effectiveness of the mitigating actions taken.

#### 8. Confidentiality of Certain Information

Nothing in this Program requires the disclosure to any person or entity, other than to the Commissioner of the Department of Labor as directed by the New York State Labor Law, of information otherwise kept confidential for security reasons, such as information that if disclosed may:

- i. Interfere with law enforcement investigations or judicial proceedings;
- ii. Deprive a person of the right to a fair trial or impartial adjudication;
- iii. Identify a confidential source or disclose confidential information relating to a criminal investigation;
- iv. Reveal criminal investigative techniques or procedures, except routine techniques and procedures; or
- v. Endanger the life or safety of any person.

#### 9. Report of Violations of the Workplace Violence Prevention Policy and Program

Any employee or authorized employee representative who believes that the College's Workplace Violence Prevention Program is in violation of CUNY's Workplace Violence Prevention Policy, New York State Department of Labor Regulation Section 800.6 and New York State Labor Law Section 27(b), should bring their concerns to the attention of the proper authorities.

Events involving the threat of imminent danger should be immediately brought to the attention of the College's Department of Public Safety.

Events relating to concerns of other types of reportable incidents should be reported as detailed in Paragraph 7, above, and brought to the attention of the University's Senior University Executive Director of Human Resources Strategic Planning, 535 East 80th Street, New York, NY 10075.

If a matter has been brought to the proper College authority and the College has had a reasonable opportunity to correct the activity, policy or practice, the matter has not been resolved, and an employee or authorized employee representative still believes that serious violation of the program remains, the employee or authorized employee representative may request an inspection by notifying the Commissioner of Labor of the alleged violation. This notice to the Commissioner must be in writing and shall set forth with reasonable particularity the grounds for the notice and shall be signed by the employee or authorized employee representative in compliance with New York State Labor Law Section 27(b) and its implementing Regulations.

#### 10. Retaliation

No employee is subject to criticism, reprisal, retaliation or disciplinary action by the College for good faith reporting pursuant to the Program. Individuals who make false and malicious complaints of workplace violence, as opposed to complaints that, even if erroneous, are made in good faith, may be subject to disciplinary or other appropriate action.

#### 11. Recordkeeping

All recordkeeping and reporting shall be made in compliance with the applicable law and regulation (currently New York Labor Law Sections 27-a and 27-b and 12 NYCRR Part 800.6) and the Policy and Program.

#### 12. Program Effectiveness and Evaluation/Post-Incident Response

At least annually or after serious incidents, the WVAT, together with the participation of the Authorized Employee Representatives, evaluates the effectiveness of the Workplace Violence Prevention Program, including post-incident responses and evaluation processes. The review focuses on incident trends and the effectiveness of the control measures taken by the College. The review also assesses whether the reporting and recordkeeping systems are effective in collecting relevant information.



DEPARTMENT OF HUMAN  
RESOURCES

Shuster Hall, Room 230  
250 Bedford Park Blvd West  
Bronx, NY 10468

Phone: 718-960-8181  
Fax: 718-960-1191  
[www.lehman.edu](http://www.lehman.edu)

## ***Receipt of CUNY Workplace Violence Policy & Procedures***

**This is to certify that I have read and received the *CUNY Workplace Violence Policy & Procedures*. A copy of this receipt will be place in my Human Resources File.**

**Please Print**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Department**

**Please Sign Below**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Appendix I**

### **The City University of New York Policy on Acceptable Use of Computer Resources**

#### **Introduction**

CUNY's computer resources are dedicated to the support of the university's mission of education, research and public service. In furtherance of this mission, CUNY respects, upholds and endeavors to safeguard the principles of academic freedom, freedom of expression and freedom of inquiry.

CUNY recognizes that there is a concern among the university community that because information created, used, transmitted or stored in electronic form is by its nature susceptible to disclosure, invasion, loss, and similar risks, electronic communications and transactions will be particularly vulnerable to infringements of academic freedom. CUNY's commitment to the principles of academic freedom and freedom of expression includes electronic information. Therefore, whenever possible, CUNY will resolve doubts about the need to access CUNY computer resources in favor of a user's privacy interest.

However, the use of CUNY computer resources, including for electronic transactions and communications, like the use of other university-provided resources and activities, is subject to the requirements of legal and ethical behavior. This policy is intended to support the free exchange of ideas among members of the CUNY community and between the CUNY community and other communities, while recognizing the responsibilities and limitations associated with such exchange.

#### **Applicability**

This policy applies to all users of CUNY computer resources, whether affiliated with CUNY or not, and whether accessing those resources on a CUNY campus or remotely.

This policy supersedes the CUNY policy titled "CUNY Computer User Responsibilities" and any college policies that are inconsistent with this policy.

#### **Definitions**

"CUNY Computer resources" refers to all computer and information technology hardware, software, data, access and other resources owned, operated, or contracted by CUNY. This includes, but is not limited to, personal computers, handheld devices, workstations, mainframes, minicomputers, servers, network facilities, databases, memory, and associated peripherals and software, and the applications they support, such as e-mail and access to the internet.

“E-mail” includes point-to-point messages, postings to newsgroups and listservs, and other electronic messages involving computers and computer networks.

## **Rules for Use of CUNY Computer Resources**

- 1. Authorization.** Users may not access a CUNY computer resource without authorization or use it for purposes beyond the scope of authorization. This includes attempting to circumvent CUNY computer resource system protection facilities by hacking, cracking or similar activities, accessing or using another person’s computer account, and allowing another person to access or use the user’s account. This provision shall not prevent a user from authorizing a colleague or clerical assistant to access information under the user’s account on the user’s behalf while away from a CUNY campus or because of a disability. CUNY computer resources may not be used to gain unauthorized access to another computer system within or outside of CUNY. Users are responsible for all actions performed from their computer account that they permitted or failed to prevent by taking ordinary security precautions.

- 2. Purpose.** Use of CUNY computer resources is limited to activities relating to the performance by CUNY employees of their duties and responsibilities. For example, use of CUNY computer resources for private commercial or not-for-profit business purposes, for private advertising of products or services, or for any activity meant solely to foster personal gain, is prohibited. Similarly, use of CUNY computer resources for partisan political activity is also prohibited.

Except with respect to CUNY employees other than faculty, where a supervisor has prohibited it in writing, incidental personal use of computer resources is permitted so long as such use does not interfere with CUNY operations, does not compromise the functioning of CUNY computer resources, does not interfere with the user’s employment or other obligations to CUNY, and is otherwise in compliance with this policy.

- 3. Compliance with Law.** CUNY computer resources may not be used for any purpose or in any manner that violates CUNY rules, regulations or policies, or federal, state or local law. Users who engage in electronic communications with persons in other states or countries or on other systems or networks may also be subject to the laws of those other states and countries, and the rules and policies of those other systems and networks. Users are responsible for ascertaining, understanding, and complying with the laws, rules, policies, contracts, and licenses applicable to their particular use.

Examples of applicable federal and state laws include the laws of libel, obscenity and child pornography, as well as the following:

Family Educational Rights and Privacy Act  
Electronic Communications Privacy Act  
Computer Fraud and Abuse Act  
New York State Freedom of Information Law  
New York State Law with respect to the confidentiality of library records

Examples of applicable CUNY rules and policies include the following:

Sexual Harassment Policy  
Policy on Maintenance of Public Order  
Web Site Privacy Policy  
Gramm-Leach-Bliley Information Security Program  
University Policy on Academic Integrity  
Information Security policies

4. **Licenses and Intellectual Property.** Users of CUNY computer resources may use only legally obtained, licensed data or software and must comply with applicable licenses or other contracts, as well as copyright, trademark and other intellectual property laws.

Much of what appears on the internet and/or is distributed via electronic communication is protected by copyright law, regardless of whether the copyright is expressly noted. Users of CUNY computer resources should generally assume that material is copyrighted unless they know otherwise, and not copy, download or distribute copyrighted material without permission unless the use does not exceed fair use as defined by the federal Copyright Act of 1976. Protected material may include, among other things, text, photographs, audio, video, graphic illustrations, and computer software.

5. **False Identity and Harassment.** Users of CUNY computer resources may not employ a false identity, mask the identity of an account or computer, or use computer resources to engage in abuse of others, such as sending harassing, obscene, threatening, abusive, deceptive, or anonymous messages within or outside CUNY.
6. **Confidentiality.** Users of CUNY computer resources may not invade the privacy of others by, among other things, viewing, copying, modifying or destroying data or programs belonging to or containing personal or confidential information about others, without explicit permission to do so. CUNY employees must take precautions to protect the confidentiality of personal or

confidential information encountered in the performance of their duties or otherwise.

7. **Integrity of Computer Resources.** Users may not install, use or develop programs intended to infiltrate or damage a computer resource, or which could reasonably be expected to cause, directly or indirectly, excessive strain on any computing facility. This includes, but is not limited to, programs known as computer viruses, Trojan horses, and worms. Users should consult with the IT director at their college before installing any programs that they are not sure are safe.
8. **Disruptive Activities.** CUNY computer resources must not be used in a manner that could reasonably be expected to cause or does cause, directly or indirectly, unwarranted or unsolicited interference with the activity of other users. This provision explicitly prohibits chain letters, virus hoaxes or other intentional e-mail transmissions that disrupt normal e-mail service. Also prohibited are spamming, junk mail or other unsolicited mail that is not related to CUNY business and is sent without a reasonable expectation that the recipient would welcome receiving it, as well as the inclusion on e-mail lists of individuals who have not requested membership on the lists, other than the inclusion of members of the CUNY community on lists related to CUNY business. CUNY has the right to require users of CUNY computer resources to limit or refrain from other specific uses if, in the opinion of the IT director at the user's college, such use interferes with efficient operations of the system, subject to appeal to the President or, in the case of central office staff, to the Chancellor.
9. **CUNY Names and Trademarks.** CUNY names, trademarks and logos belong to the university and are protected by law. Users of CUNY computer resources may not state or imply that they speak on behalf of CUNY or use a CUNY name, trademark or logo without authorization to do so. Affiliation with CUNY does not, by itself, imply authorization to speak on behalf of CUNY.
10. **Security.** CUNY employs various measures to protect the security of its computer resources and of users' accounts. However, CUNY cannot guarantee such security. Users are responsible for engaging in safe computing practices such as guarding and not sharing their passwords, changing passwords regularly, logging out of systems at the end of use, and protecting private information, as well as for following CUNY's Information Security policies and procedures. Users must report incidents of Information Security policy non-compliance or other security incidents to CUNY's Chief Information Officer and Chief Information Security Officer, and the IT director at the affected user's college.
11. **Filtering.** CUNY reserves the right to install spam, virus and spyware filters and similar devices if necessary in the judgment of CUNY's Office of Information

Technology or a college IT director to protect the security and integrity of CUNY computer resources. Notwithstanding the foregoing, CUNY will not install filters that restrict access to e-mail, instant messaging, chat rooms or websites based solely on content.

- 12. Confidential Research Information.** Principal investigators and others who use CUNY computer resources to store or transmit research information that is required by law or regulation to be held confidential or for which a promise of confidentiality has been given, are responsible for taking steps to protect confidential research information from unauthorized access or modification. In general, this means storing the information on a computer that provides strong access controls (passwords) and encrypting files, documents, and messages for protection against inadvertent or unauthorized disclosure while in storage or in transit over data networks. Robust encryption is strongly recommended for information stored electronically on all computers, especially portable devices such as notebook computers, Personal Digital Assistants (PDAs), and portable data storage (e.g., memory sticks) that are vulnerable to theft or loss, as well as for information transmitted over public networks. Software and protocols used should be reviewed and approved by CUNY's Office of Information Technology.

**13. CUNY Access to Computer Resources.**

CUNY does not routinely monitor, inspect, or disclose individual usage of its computer resources without the user's consent. In most instances, if the university needs information located in a CUNY computer resource, it will simply request it from the author or custodian. However, CUNY IT professionals and staff do regularly monitor general usage patterns as part of normal system operations and maintenance and might, in connection with these duties, observe the contents of web sites, e-mail or other electronic communications. Except as provided in this policy or by law, these individuals are not permitted to seek out contents or transactional information, or disclose or otherwise use what they have observed. Nevertheless, because of the inherent vulnerability of computer technology to unauthorized intrusions, users have no guarantee of privacy during any use of CUNY computer resources or in any data in them, whether or not a password or other entry identification or encryption is used. Users may expect that the privacy of their electronic communications and of any materials contained in computer storage in any CUNY electronic device dedicated to their use will not be intruded upon by CUNY except as outlined in this policy.

CUNY may specifically monitor or inspect the activity and accounts of individual users of CUNY computer resources, including individual login sessions, e-mail and other communications, without notice, in the following circumstances:

- a. when the user has voluntarily made them accessible to the public, as by posting to Usenet or a web page;



- b. when it is reasonably necessary to do so to protect the integrity, security, or functionality of CUNY or other computer resources, as determined by the college chief information officer or his or her designee, after consultation with CUNY's chief information officer or his or her designee;
- c. when it is reasonably necessary to diagnose and resolve technical problems involving system hardware, software, or communications, as determined by the college chief information officer or his or her designee, after consultation with CUNY's chief information officer or his or her designee;
- d. when it is reasonably necessary to protect CUNY from liability, or when failure to act might result in significant bodily harm, significant property loss or damage, or loss of significant evidence, as determined by the college president or a vice president designated by the president, after consultation with the Office of General Counsel and the Chair of the University Faculty Senate (if a CUNY faculty member's account or activity is involved) or Vice Chair if the Chair is unavailable;
- e. when there is a reasonable basis to believe that CUNY policy or federal, state or local law has been or is being violated, as determined by the college president or a vice president designated by the president, after consultation with the Office of General Counsel and the Chair of the University Faculty Senate (if a CUNY faculty member's account or activity is involved) or Vice Chair if the Chair is unavailable;
- f. when an account appears to be engaged in unusual or unusually excessive activity, as indicated by the monitoring of general activity and usage patterns, as determined by the college president or a vice president designated by the president and the college chief information officer or his or her designee, after consultation with CUNY's chief information officer or his or her designee, the Office of General Counsel, and the Chair of the University Faculty Senate (if a CUNY faculty member's account or activity is involved) or Vice Chair if the Chair is unavailable; or
- g. as otherwise required by law.

In those situations in which the Chair of the University Faculty Senate is to be consulted prior to monitoring or inspecting an account or activity, the following procedures shall apply: (i) the college president shall report the completion of the monitoring or inspection to the Chair and the CUNY employee affected, who shall also be told the reason for the monitoring or inspection, except where specifically forbidden by law; and (ii) if the monitoring or inspection of an account

or activity requires physical entry into a faculty member's office, the faculty member shall be advised prior thereto and shall be permitted to be present to observe, except where specifically forbidden by law.

A CUNY employee may apply to the General Counsel for an exemption from some or all of the circumstances under which CUNY may inspect and monitor computer resource activity and accounts, pursuant to subparagraphs (a)-(f) above, with respect to a CUNY computer resource used solely for the collection, examination, analysis, transmission or storage of confidential research data. In considering such application, the General Counsel shall have the right to require the employee to affirm in writing that the computer resource will be used solely for the confidential research. Any application for exemption should be made prior to using the computer resource for the confidential research.

CUNY, in its discretion, may disclose the results of any general or individual monitoring or inspection to appropriate CUNY personnel or agents, or law enforcement or other agencies. The results may be used in college disciplinary proceedings, discovery proceedings in legal actions, or otherwise as is necessary to protect the interests of the University.

In addition, users should be aware that CUNY may be required to disclose to the public under the New York State Freedom of Information Law communications made by means of CUNY computer resources in conjunction with University business.

Any disclosures of activity of accounts of individual users to persons or entities outside of CUNY, whether discretionary or required by law, shall be approved by the General Counsel and shall be conducted in accordance with any applicable law. Except where specifically forbidden by law, CUNY employees subject to such disclosures shall be informed promptly after the disclosure of the actions taken and the reasons for them.

The Office of General Counsel shall issue an annual statement of the instances of account monitoring or inspection that fall within categories (d) through (g) above. The statement shall indicate the number of such instances and the cause and result of each. No personally identifiable data shall be included in this statement.

See CUNY's Web Site Privacy Policy for additional information regarding data collected by CUNY from visitors to the CUNY website at [www.cuny.edu](http://www.cuny.edu).

- 14. Enforcement.** Violation of this policy may result in suspension or termination of an individual's right of access to CUNY computer resources, disciplinary action by appropriate CUNY authorities, referral to law enforcement authorities for

criminal prosecution, or other legal action, including action to recover civil damages and penalties.

Violations will normally be handled through the university disciplinary procedures applicable to the relevant user. For example, alleged violations by students will normally be investigated, and any penalties or other discipline will normally be imposed, by the Office of Student Affairs.

CUNY has the right to temporarily suspend computer use privileges and to remove from CUNY computer resources material it believes violates this policy, pending the outcome of an investigation of misuse or finding of violation. This power may be exercised only by the President of each college or the Chancellor.

15. **Additional Rules.** Additional rules, policies, guidelines and/or restrictions may be in effect for specific computers, systems, or networks, or at specific computer facilities at the discretion of the directors of those facilities. Any such rules which potentially limit the privacy or confidentiality of electronic communications or information contained in or delivered by or over CUNY computer resources will be subject to the substantive and procedural safeguards provided by this policy.

16. **Disclaimer.** CUNY shall not be responsible for any damages, costs or other liabilities of any nature whatsoever with regard to the use of CUNY computer resources. This includes, but is not limited to, damages caused by unauthorized access to CUNY computer resources, data loss, or other damages resulting from delays, non-deliveries, or service interruptions, whether or not resulting from circumstances under the CUNY's control.

Users receive and use information obtained through CUNY computer resources at their own risk. CUNY makes no warranties (expressed or implied) with respect to the use of CUNY computer resources. CUNY accepts no responsibility for the content of web pages or graphics that are linked from CUNY web pages, for any advice or information received by a user through use of CUNY computer resources, or for any costs or charges incurred by a user as a result of seeking or accepting such advice or information.

CUNY reserves the right to change this policy and other related policies at any time. CUNY reserves any rights and remedies that it may have under any applicable law, rule or regulation. Nothing contained in this policy will in any way act as a waiver of such rights and remedies.

## **MEMORANDUM**

To: IT Steering Committee

From: Brian Cohen

Date: March 26, 2009

Subject: Revised Information Technology Security Procedures

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The following is a revised version of the Information Technology Security Procedures last revised and issued on October 16, 2007. The revisions represent the University's obligations under new state and federal legislation, the results of our experience with these procedures over the past seventeen months, and your comments.

### **INFORMATION TECHNOLOGY SECURITY PROCEDURES**

#### **I. General**

**1. Introduction** – Each University entity (i.e., a College or a Central Office department) and all users with access to University information available in University files and systems, whether in computerized or printed form, are continually responsible for maintaining the integrity, accuracy, and privacy of this information. Loss of data integrity, theft of data, and unauthorized or inadvertent disclosure could lead to a significant exposure of the University and its constituents as well as those directly responsible for the loss, theft, or disclosure. Non-compliance with state or federal laws could lead to direct financial loss to the University. Users are directed by these Information Technology Security Procedures ("IT Security Procedures"), which cover all University networks and systems.

Any proposed exception to these IT Security Procedures must be communicated in writing and approved by the University Chief Information Officer or his designee prior to any action introducing a non-compliance situation.

**2. Non-Public University Information** – For the purpose of these IT Security Procedures, the term "Non-Public University Information" means personally identifiable information (such as an individual's Social Security Number; driver's license number or non-driver identification card number; account number, credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual's financial account; personal electronic mail address; Internet identification name or password; and parent's surname prior to marriage); information in

student education records that is protected under the Family Educational Rights and Privacy Act of 1974 (FERPA) and the related regulations set forth in 34 CFR Part 99; other information relating to the administrative, business, and academic activities and operations of the University (including employee evaluations, employee home addresses and telephone numbers, and other employee records that should be treated confidentially); and any other information available in University files and systems that by its nature should be treated confidentially.

## **II. Access Issues**

### **3. Access to University Information**

(a) General. Access to University information available in University files and systems, whether in electronic or hard copy form, must be limited to individuals with a strict need to know, consistent with the individual's job responsibilities.

(b) Employees Permitted Access to Non-Public University Information. Except as provided elsewhere in this section 3, access to Non-Public University Information must be restricted to full-time and regular part-time employees of the University and its related entities, the University's adjunct faculty, and employees of the University's contractors who have been permitted such access under a written agreement with the University. All employees permitted access to Non-Public University Information must be specifically reviewed by the Vice President of Administration or the equivalent at the College or in the Central Office department involved in accordance with section 4 below.

(c) Employees Requiring Waiver. Employees of the University or its related entities who are not full-time and regular part-time employees (e.g., individuals hired as part of a temporary staff augmentation or in connection with an individual project), University adjunct faculty, or employees of the University's contractors who have been permitted access to Non-Public University Information under a written agreement with the University may not be permitted any such access, except pursuant to the waiver procedure set forth in section 3(e) below.

(d) CUNY Students. CUNY Students may not be permitted any access to Non-Public University Information, except pursuant to the waiver procedure set forth in section 3(e) below. For the purpose of these IT Security Procedures, "CUNY Students" means all students enrolled in any academic program, or taking any course or courses, at the University, except the following:

- (i) students who are also University adjunct faculty,
- (ii) employees of the University or its related entities or contractors who are taking a Continuing Education course at the University,

- (iii) employees of the University or its related entities or contractors who are taking a credit-bearing course at a College other than where they are employed, and
- (iv) employees of the University or its related entities who are taking a credit-bearing course at the College where they are employed, provided they are taking the course pursuant to a tuition waiver program under a collective bargaining agreement, or are excluded from collective bargaining and are taking the course under a University tuition waiver policy.

(e) Waiver Procedure. An individual who is not permitted access to Non-Public University Information under sections 3(c) and (d) above may be permitted such access on a strict need to know basis, consistent with the individual's job responsibilities, but only if a waiver is granted by the University Chief Information Officer or his designee following a written request by the Vice President of Administration or equivalent at the College or in the Central Office department involved. Any waiver granted will be limited to a specific period of time, which may not exceed one year. In order to extend the waiver after expiration, this waiver procedure must be repeated. The written waiver request must state:

- the specific status of the individual as an employee of the University or one of its related entities or contractors and/or as a CUNY Student,
- the type and form of access that is being requested,
- the length of time for which access is being requested,
- the reasons for permitting such access, and
- how and by whom the individual will be supervised.

The Vice President of Administration or equivalent at the College or in the Central Office department will be responsible for maintaining all documentation of any waiver request and disposition.

(f) Acknowledgment of University Policy. All employees described in section 3(b) above and all employees and CUNY Students granted a waiver under section 3(e) above must acknowledge, by signature, receiving a copy of the University's Policy on Acceptable Use of Computer Resources (available at <http://security.cuny.edu>) and these IT Security Procedures.

**4. Review of Access to University Files and Systems** – Each University entity must review, at least once during each of the fall and spring semesters, individuals having any type of access to University files and systems and must remove user IDs and access capabilities that are no longer current. This review includes, but is not limited to, access to University networks, applications, sensitive transactions, databases, and specialized data access utilities.

An attestation letter of such review must be completed by the Vice President of Administration or the equivalent at the College or in the Central Office department and submitted to the University Information Security Officer no later than the date specified in the instructions for completing the attestation letter. Documentation showing the review steps taken in arriving at the attestation must be retained in the office of the Vice President of Administration or the equivalent at the College or in the Central Office department and be made available for further review by the University Information Security Officer and internal/external audit entities as appropriate.

**5. Severance of Access upon Termination or Transfer of Employment** – Access to University files and systems must be removed no later than an individual's last date of employment. User IDs must not be re-used or re-assigned to another individual at any time in the future.

For job transfers, access to University files and systems must be removed no later than the individual's last date in the old position and established no sooner than his or her first date in the new position.

In special circumstances where underlying information attributed to a user ID must be retained and made accessible from another user ID, approval must be obtained from both the Vice President of Administration or the equivalent at the College or in the Central Office department and the University Information Security Officer. Such arrangements, if approved, will be for a fixed duration of time, determined on a case-by-case basis.

**6. Authentication** – Users of University files and systems must use an individually assigned user ID to gain access to any University network or application.

**7. User IDs** – Users of University files and systems other than technical employees within Information Technology departments at a College or in the Central Office must have no more than one individually assigned user ID per system. The user ID must be in a format consistent with University naming standards, clearly identifiable to a user, and not shared.

Generic-named user IDs used in background/batch processes or peer-to-peer processes and multiple user IDs required to maintain, support, and operate systems by technical employees within Information Technology departments at a College or in the Central Office may be allowed under limited circumstances, provided that use of such identities is auditable, individual user accountability is assigned to each of these identities, oversight is administered by line management of the user assigned to the account, and use of these accounts is specifically approved by the Chief Information Officer or the equivalent at the College or in the Central Office department.

Each University entity must maintain an accurate record of the person to whom each user ID has been assigned, including name, title, level of access, office, department, and phone number.

**8. Passwords** – Passwords and private encryption keys must be treated as Non-Public University Information and, as such, are not to be shared with anyone. A password must be entered by the user each time he or she authenticates to a University system. Use of auto-complete features to expedite or script user logins (e.g., “Windows Remember My Passwords?”) is prohibited.

All passwords must be changed at least every 90 days. Accounts which have special access privileges must be changed at least every 60 days. Passwords should not be based on personal information (e.g., family names, pets, hobbies, and friends) and should be difficult to guess. Passwords should be at least eight positions in length. Each University entity may adopt more stringent password controls.

**9. Remote Access** – Access to administrative and academic support systems from non-University locations is allowed only through secure remote connections (e.g., VPN) that provide for unique user authentication and encrypted communications. The Chief Information Officer or the equivalent at the College or in the Central Office department must approve in writing all requests for remote access capability.

### **III. Disclosure Issues**

#### **10. Disclosure of Non-Public University Information**

(a) General Rule. Unless otherwise required by law, users of University files and systems must not disclose any Non-Public University Information (as defined in section 2 above) to the general public or any unauthorized users.

(b) Definition of Social Security Numbers. For the purpose of these IT Security Procedures, the term “Social Security Number” means the nine digit account number issued by the U.S. Social Security Administration and any number derived therefrom. It does not include any number that has been encrypted.

(c) Special Rules for Social Security Numbers. Unless required by law, users of University files and systems must not:

- (i) Intentionally communicate to the general public or otherwise make available to the general public in any manner an individual’s Social Security Number.
- (ii) Publicly post or display an individual’s Social Security Number or place a Social Security Number in files with unrestricted access.



- (iii) Print an individual's Social Security Number on any card or tag required for the individual to access products, services, or benefits provided by the University.
- (iv) Print an individual's Social Security Number on any identification badge or card, including any time card.
- (v) Require an individual to transmit his or her Social Security Number over the Internet, unless the connection is secure or the Social Security Number is encrypted.
- (vi) Require an individual to use his or her Social Security Number to access an Internet website, unless a password or unique personal identification number or other authentication device is also required to access the Internet website.
- (vii) Include an individual's Social Security Number, except the last four digits thereof, on any materials that are mailed to the individual, or in any electronic mail that is copied to third parties, unless state or federal law requires the Social Security Number to be on the document to be mailed. Notwithstanding this paragraph (vii), Social Security Numbers may be included in applications and forms sent by mail, including documents sent as part of an application or enrollment process, or to establish, amend, or terminate an account, contract, or policy, or to confirm the accuracy of the Social Security Number. A Social Security Number that is permitted to be mailed under this paragraph (vii) may not be printed, in whole or in part, on a postcard or other mailer not requiring an envelope, or visible on the envelope or without the envelope having been opened.
- (viii) Encode or embed a Social Security Number in or on a card or document, including, but not limited to, using a bar code, chip, magnetic strip, or other technology, in place of removing the Social Security Number as required by this section 10.
- (ix) Transmit an individual's Social Security Number onto portable devices without encryption as specified in section 13 below.

These special rules do not prevent the collection, use, or release of a Social Security Number as required by state or federal law, or the use of a Social Security Number for internal verification, fraud investigation, or administrative purposes.

**11. Web Accessible Data** – Because Non-Public University Information must not be made accessible to the general public, all University web pages must be programmed with a parameter to prevent the caching of Non-Public University Information by Internet

search engines. Directory/folder listings of files through a web page must be disabled. Secure and encrypted data transfer protocols must be used when uploading data to a web site.

## **12. Security Incident Response and Reporting**

(a) Acknowledgment and Reporting of Security Incidents. Each Chief Information Officer or the equivalent at a College or in a Central Office department must, within 24 hours of receipt by his or her College or department, acknowledge or respond in writing to any initial security incident report issued by the University Chief Information Officer or the University Information Security Officer. The Chief Information Officer or the equivalent at the College or in the Central Office department must make a full written report of such incident to the University Chief Information Officer and the University Information Security Officer, including root cause identification, explanation of the remediation plan, and extent of data loss, within 72 hours of the College's or department's receipt of the initial security incident report.

(b) CUNY Breach Reporting Procedure. The CUNY Breach Reporting Procedure (available at <http://security.cuny.edu>) must be followed whenever a security incident occurs involving the unauthorized disclosure of any of the following Non-Public University Information without encryption:

- (i) Social Security Number;
- (ii) driver's license number or non-driver identification card number; or
- (iii) account number, credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual's financial account.

(c) Limiting Disclosure. When any Non-Public University Information has been disclosed without valid authorization and encryption, all reasonable efforts must be taken to eliminate further disclosure, including immediate disconnection of any computer device involved from the University network.

**13. Portable Devices/Encryption** – The Non-Public University Information listed in section 12(b) above must not be stored, transported, or taken home on portable devices (e.g., laptops, flash drives) of any type without specific approval of both the Vice President of Administration or the equivalent at the College or in the Central Office department and the University Information Security Officer. Where approval is granted, additional password protection and encryption of data are required. In addition, the Non-Public University Information listed in section 12(b) above stored on non-portable devices or

transmitted between devices (e.g., servers, workstations) must be encrypted. The University has made encryption tools available to staff and faculty to comply with the requirements of this procedure.

**14. Safeguarding and Disposal of Devices and Records Containing Non-Public**

**University Information** – Whenever records containing Non-Public University Information are subject to destruction under the CUNY Records Retention and Disposition Schedule (available at <http://policy.cuny.edu/text/toc/rrs>), the storage devices such as hard disk drives and other media (e.g. tape, diskette, CDs, DVDs, cell phones, digital copiers, or other devices) and hard copy documents that contain such information must be securely overwritten or physically destroyed in a manner that prevents unauthorized disclosure. While in use, such devices and documents must not be left open or unattended on desks or elsewhere for extended periods of time.

**IV. Maintenance of Data and Systems**

**15. Change of Data in Records**

(a) Authorization of Changes. When updates are not part of normal business processing, individuals within Information Technology departments at a College or in a Central Office department who have access to University information to support ongoing operations of administrative files and systems must not alter any such information unless given specific approval by the Vice President of Administration or the equivalent at the College or in the Central Office department. A record of any data change, including evidence of approval, must be retained in the office of the Vice President of Administration or the equivalent at the College or in the Central Office department.

(b) No Changes by Remote Access. Any direct changes to official data of record stored in University files and systems must be done from a College or Central Office location. No form of remote access that allows direct changes to student or employee data is allowed. Students and employees may, however, have remote self-service access in order to update their own personal data.

**16. Centralized Data Management** – Data that are acquired or managed by Central Office departments (e.g., CPE, skill scores) must be loaded into University files and systems and may not be modified by Colleges at the local level. Colleges will be able to view such data and through an exception process be able to request changes. Each College is responsible for reviewing a data edit report for accuracy and completeness whenever data are uploaded to its respective student or human resources systems.

**17. Grade Changes** – Any University system that allows for grade changes must have multiple security levels enabled, including the maintenance of a separate password that is administered and changed regularly for the purpose of authenticating individual users to

the grade change function. Grade change functions must be able to create an audit trail from which edit reports will be regularly prepared for review by a management designee other than the person who has responsibility for the area making grade changes. The number of individuals allowed to make grade changes must be strictly limited to employees of the University and its related entities, subject to the additional criteria set forth in section 3 above. Current University student information systems support this requirement.

**18. Changes in Information Files and Systems** – Existing and new information files and systems must comply with these IT Security Procedures. Modifications to existing information files and systems will be required to maintain compliance. Ghost files and systems and development/test files and systems holding copies of data from master files and systems must also comply with these procedures. Ghost files and systems should be eliminated to minimize the number of copies and access points to Non-Public University Information. Where files and systems cannot be modified to comply with these procedures, the University entity must notify the University Chief Information Officer and the University Information Security Officer in writing, providing a written business case justifying the decision.

**19. Vulnerability Assessments** – Each University entity must establish a routine program to test, monitor, and remediate technical and data vulnerabilities on its network. The program should include a combination of continuous monitoring and on-demand testing tools. Monitoring and testing should report on operating system configuration, software patch level vulnerabilities, and unprotected data. The Central Office may initiate vulnerability testing at its discretion. Regular reporting of test results must be made available to the University Information Security Officer.

**20. Device Management** – All devices that are allowed to connect to University networks and systems that support administrative, business, and academic activities and operations must be maintained at current anti-virus/malicious code protection at all times. In addition, security updates to operating systems must be applied on a timely basis after appropriate testing. Although the University does not manage student computers, procedures should be implemented to minimize the risk to University files and systems.

**21. Management Responsibility** – College and Central Office management are responsible for maintaining and overseeing compliance with these IT Security Procedures within their line responsibilities.

**22. Information Technology Security Procedure Governance** – The University will organize working groups and work through existing councils to identify and establish procedures and other areas of change that may be instituted to further protect the integrity of University files and systems.

Additional and/or revised procedural statements may be adopted from time to time and introduced for University compliance. Further procedural documents may be developed to elaborate detail on these IT Security Procedures, but they will in no way detract or suggest a different level of compliance that is expected or required.

Non-compliance with these IT Security Procedures may result in termination of access to University network and applications until such time that compliance is re-established. Non-compliance may also result in disciplinary action.

These IT Security Procedures, related policies and advisories, and links to the New York State Cyber Security Policies are available at <http://security.cuny.edu>.

# **New Employee On-Boarding & Existing Employee Orientation for IT Security**

## **Why is IT Security important at CUNY?**

- We must ensure our academic and administrative systems continue to be available to run the business of the University and to serve our faculty, students, and staff.
- We must maintain accurate University data and prevent unauthorized changes (e.g., grades, financial aid information).
- We must be reputable custodians and are required by law to protect the privacy of personal data belonging to our faculty, students, and staff.

## **What are the IT Security risks to CUNY?**

- Don't be phished. Phishing is a scam in which an email message directs you to click on a link that takes you to a web site where you are prompted for personal information such as passwords, social security number, bank account number or credit card number. Both the link and web site may closely resemble an authentic web site, but they are not legitimate.
- Don't disclose personal information to someone you don't know. Social engineering is an approach to gain access to information through misrepresentation. It is the conscious manipulation of people to obtain information without their realizing that a security breach is occurring. It may take the form of impersonation via telephone or in person, and through e-mail.
- Don't disclose personal information within CUNY unless it is absolutely necessary. The need for disclosing your social security number outside of the Human Resource (HR) department would be unusual. When in doubt, contact the HR department directly to verify the legitimacy of the request.
- Protect your user ID and password and never share them. Your user ID is your identification, and it is what links you to your actions on CUNY's computer systems. Your password authenticates your user ID. Use passwords that are difficult to guess and change them regularly.
- You are responsible for actions taken with your ID and password. Log off or lock your computer when you are away from your workstation. In most cases, hitting the "Control-Alt-Delete" keys and then selecting "Lock Computer" will keep others out. You will need your password to sign back in, but doing this several times a day will help you to remember your password.
- E-mail and portable devices are not secure. Do not ship personal information belonging to you or CUNY faculty, students, and staff to portable devices (e.g., portable hard drives, memory) or send or request to be sent such personal information in an e-mail text or as an email attachment without encryption.
- Be careful when using the Internet. Malicious code can take forms such as a virus, worm or Trojan and can be hidden behind an infected web page or a downloaded program. Keep anti-virus and anti-malware programs and the software on your workstation up-to-date at all times. Only install software authorized by your department, and never disable or change security programs and their configuration.

## **Where are the CUNY IT Security information resources?**

- Security.cuny.edu is available 24 hours a day from any Internet accessible location without a user ID and password. All relevant policies, procedures, and advisories, the IT Security awareness program and materials, and links to external IT Security information resources are located here.
- Find the Policy on Acceptable Use of Computer Resources under Info Security Policies.

- Find the IT Security Procedures – General under Info Security Policies.
- To take the IT Security Awareness tutorial, approximately 30 minutes, click on the padlock on the home page of [security.cuny.edu](http://security.cuny.edu).

**Who to contact for help with IT Security at CUNY?**

- Your supervisor.
- Your College web-site.
- [security.cuny.edu](http://security.cuny.edu)
- The College IT Security Manager (click on Campus Security Managers Contact Information at [security.cuny.edu](http://security.cuny.edu) under Contact Us).
- The College Chief Information Officer or equivalent in the Central Office department.
- The CUNY Central IT Security Office at [security@mail.cuny.edu](mailto:security@mail.cuny.edu); or the Contact Us page at [security.cuny.edu](http://security.cuny.edu); or the Who to Contact for Help page at [security.cuny.edu](http://security.cuny.edu).

**Where are some external resources for help with IT Security located?**

- New York State Office of Cyber Security and Critical Infrastructure Coordination (CSCIC) at [www.cscic.state.ny.us](http://www.cscic.state.ny.us)
- Federal Trade Commission at [www.ftc.gov](http://www.ftc.gov)
- Privacy Rights Clearinghouse - Nonprofit Consumer Information and Advocacy Organization at [www.privacyrights.org](http://www.privacyrights.org)
- Anti-Phishing Working Group – Committed to wiping out Internet scams and fraud at [www.antiphishing.org](http://www.antiphishing.org)
- Microsoft Malware Protection Center, Threat Research and Response at [www.microsoft.com/security/portal](http://www.microsoft.com/security/portal)

**What is required of me as an employee of CUNY?**

- Acknowledge, by signature below, receipt of the Policy on Acceptable Use of Computer Resources.
- Acknowledge, by signature below, receipt of the IT Security Procedures – General.
- Complete the IT Security Awareness tutorial within the first 30 days of employment.
- Maintain compliance with the Policy on Acceptable Use of Computer Resources and the IT Security Procedures at all times.

If you discover or suspect a security breach, you should report the incident to your supervisor, the College IT Security Manager (click on Contact Us at [security.cuny.edu](http://security.cuny.edu)) and the CUNY Central IT Security Office ([security@mail.cuny.edu](mailto:security@mail.cuny.edu)) immediately.

I hereby acknowledge receipt of the Policy on Acceptable Use of Computer Resources and the IT Security Procedures – General.

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signed)

\_\_\_\_\_  
(College/business area)

\_\_\_\_\_  
(date)

One copy for personnel file.

One copy to employee.

V02, July 2010

# **THE CITY UNIVERSITY OF NEW YORK POLICY ON SEXUAL HARASSMENT**

## **Policy Statement**

It is the policy of The City University of New York to promote a cooperative work and academic environment in which there exists mutual respect for all University students, faculty, and staff. Harassment of employees or students based upon sex is inconsistent with this objective and contrary to the University's non-discrimination policy. Sexual harassment is illegal under Federal, State, and City laws, and will not be tolerated within the University.

The University, through its colleges, will disseminate this policy and take other steps to educate the University community about sexual harassment. The University will establish procedures to ensure that investigations of allegations of sexual harassment are conducted in a manner that is prompt, fair, thorough, and as confidential as possible under the circumstances, and that appropriate corrective and/or disciplinary action is taken as warranted by the circumstances when sexual harassment is determined to have occurred. Members of the University community who believe themselves to be aggrieved under this policy are strongly encouraged to report the allegations of sexual harassment as promptly as possible. Delay in making a complaint of sexual harassment may make it more difficult for the College to investigate the allegations.

## **A. Prohibited Conduct**

It is a violation of University policy for any member of the University community to engage in sexual harassment or to retaliate against any member of the University community for raising an allegation of sexual harassment, for filing a complaint alleging sexual harassment, or for participating in any proceeding to determine if sexual harassment has occurred.

## **B. Definition of Sexual Harassment**

For purposes of this policy, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other oral or written communications or physical conduct of a sexual nature when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic standing;
2. submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting such individual; or
3. such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile or abusive work or academic environment.

Sexual harassment can occur between individuals of different sexes or of the same sex. Although sexual harassment most often exploits a relationship between individuals of



unequal power (such as between a faculty member and student supervisor and employee, or tenured and untenured faculty members), it may also occur between individuals of equal power (such as between fellow students or coworkers), or in some circumstances even where it appears that the harasser has less power than the individual harassed (for example, a student sexually harassing a faculty member). A lack of intent to harass may be relevant to, but will not be determinative of, whether sexual harassment has occurred.

### **C. Examples of Sexual Harassment**

Sexual harassment may take different forms. Using a person's response to a request for sexual favors as a basis for an academic or employment decision is one form of sexual harassment. Examples of this type of sexual harassment include, but are not limited to, the following:

- requesting or demanding sexual favors in exchange for employment or academic opportunities (such as hiring, promotions, grades, or recommendations);
- submitting unfair or inaccurate job or academic evaluations or grades, or denying training, promotion, or access to any other employment or academic opportunity, because sexual advances have been rejected.

Other types of unwelcome conduct of a sexual nature can also constitute sexual harassment, if sufficiently severe or pervasive that the target does find, and a reasonable person would find, that an intimidating, hostile or abusive work or academic environment has been created. Examples of this kind of sexual harassment include, but are not limited to, the following:

- sexual comments, teasing, or jokes;
- sexual slurs, demeaning epithets, derogatory statements, or other verbal abuse;
- graphic or sexually suggestive comments about an individual's attire or body;
- inquiries or discussions about sexual activities;
- pressure to accept social invitations, to meet privately, to date, or to have sexual relations;
- sexually suggestive letters or other written materials;
- sexual touching, brushing up against another in a sexual manner, graphic or sexually
- suggestive gestures, cornering, pinching, grabbing, kissing, or fondling;
- coerced sexual intercourse or sexual assault.

### **D. Consensual Relationships**

Amorous, dating, or sexual relationships that might be appropriate in other circumstances have inherent dangers when they occur between a faculty member, supervisor, or other member of the University community and any person for whom he or she has a professional responsibility. These dangers can include: that a student or employee may feel coerced into an unwanted relationship because he or she fears that refusal to enter into the relationship will adversely affect his or her education or employment; that conflicts of interest may arise when a faculty member, supervisor, or other member of the

University community is required to evaluate the work or make personnel or academic decisions with respect to an individual with whom he or she is having a romantic relationship; that students or employees may perceive that a fellow student or coworker who is involved in a romantic relationship will receive an unfair advantage; and that if the relationship ends in a way that is not amicable, either or both of the parties may wish to take action to injure the other party.

Faculty members, supervisors, and other members of the University community who have professional responsibility for other individuals, accordingly, should be aware that any romantic or sexual involvement with a student or employee for whom they have such a responsibility may raise questions as to the mutuality of the relationship and may lead to charges of sexual harassment. For the reasons stated above, such relationships are strongly discouraged.

For purposes of this section, an individual has “professional responsibility” for another individual at the University if he or she performs functions including, but not limited to, teaching, counseling, grading, advising, evaluating, hiring, supervising, or making decisions or recommendations that confer benefits such as promotions, financial aid awards or other remuneration, or that may impact upon other academic or employment opportunities.

#### **E. Academic Freedom**

This policy shall not be interpreted so as to constitute interference with academic freedom.

#### **F. False and Malicious Accusations**

Members of the University community who make false and malicious complaints of sexual harassment, as opposed to complaints which, even if erroneous, are made in good faith, will be subject to disciplinary action.

#### **G. Procedures**

The University has developed procedures to implement this policy. The President of each constituent college of the University, the Senior Vice Chancellor at the Central Office, and the Dean of the Law School shall have ultimate responsibility for overseeing compliance with this policy at his or her respective unit of the University. In addition, each dean, director, department chairperson, executive officer, administrator, or other person with supervisory responsibility shall be required to report any complaint of sexual harassment to the individual or individuals designated in the procedures. All members of the University community are required to cooperate in any investigation of a sexual harassment complaint.

#### **H. Enforcement**

There is a range of corrective actions and penalties available to the University for violations of this policy. Students, faculty, or staff who are found, following applicable disciplinary proceedings, to have violated this Policy are subject to various penalties, including termination of employment and/or student expulsion from the University.

**Sexual Harassment Awareness and Intake Committee**

The Sexual Harassment Awareness and Intake Committee is responsible for educating the Lehman College community about sexual harassment and its potential consequences to the University community. The members of the Sexual Harassment Awareness and Intake Committee are available to respond to inquiries, receive complaints alleging sexual harassment from any member of the college community, and to refer individuals and/or the complaint to the Sexual Harassment Coordinator. The members of the Sexual Harassment Awareness and Intake Committee are:

Annecy Baez, Counseling Center, 718-960-8761

Chelsea Campbell, Paralegal Studies Program/Continuing Education, 718-960-1159

Vanessa Gonzalez, Campus Life, 718-960-8468

Joette Reaves, Health Programs/Continuing Education, 718-960-8998

Maritza Rivera, Office of Compliance and Diversity, 718-960-8111

Michael Sullivan, Campus Life, 718-960-8535

**Sexual Harassment Coordinator**

Dawn Ewing Morgan, Office of Compliance and Diversity, 718-960-8111

**Sexual Harassment Deputy Coordinators**

Graciela Castex, Sociology and Social Work, 718-960-7864

John Cirace, Economics & Accounting, 718-960-8388

Vincent Zucchetto, Student Affairs, 718-960-8242