



Person of Interest (POI) HR Data Form

General Instruction:

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

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

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

Supervisor Authorization:

Access End Date: _____

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

Department Head Authorization:

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

Signature Date
Last, First Name (print) Department Name

Employee Instruction:

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



PERSON OF INTEREST (POI) DATA FORM

GENERAL INFO	Prefix _____	EMERGENCY CONTACT INFO	First Name _____ Last Name _____
	Last Name _____		Address _____
CONTACT INFORMATION	First Name _____ Middle Name _____	CUNYFIRST DATA	City _____ State _____ Zip Code _____
	Address _____		() ()
	City _____ State _____ Zip Code _____		Home Telephone # _____ Work Telephone # _____
	() ()		
PERSONAL INFO	Home Telephone _____ Work telephone _____	PAYROLL INFORMATION	Job Title _____
	Email Address _____		Begin Date* _____ End Date* _____
MARRITAL STATUS	Social Security Number _____ Date of Birth _____	SUPERVISORY ROLE INFO	Department _____
	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Supervisor's Name (Print) _____ Signature/ Date _____
MILITARY STATUS	Married	EMPLOYEE INFORMATION	Are you on the non-tax levy payroll (i.e. Grants, Research Foundation)?
	Single		Yes No
ETHNICITY	Divorced	EDUCATIONAL DATA	If you yes, please state which payroll you are on?
	Legally Separated		Will you Have Supervisory Responsibilities?
EDUCATIONAL DATA	Widowed	FOR HUMAN RESOURCES USE ONLY	Yes No
	Veteran- Vietnam		If yes, list names of employees to be supervised:
EDUCATIONAL DATA	Veteran- other than Vietnam	FOR HUMAN RESOURCES USE ONLY	Reasons for POI request(systems requested and how they pertain to your job function):
	No Service		_____
EDUCATIONAL DATA	Please check the category that is most appropriate to your background.*		_____
	<input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Asian	<input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> American Indian or Alaskan Native	_____
EDUCATIONAL DATA	<input type="checkbox"/> Hispanic (of any race) <input type="checkbox"/> Italian American	<input type="checkbox"/> Puerto Rican <input type="checkbox"/> Native American or Pacific Islander	_____
	<input type="checkbox"/> High School Diploma or Equivalence	<input type="checkbox"/> Associate Degree	Employee Signature _____ Date _____
EDUCATIONAL DATA	<input type="checkbox"/> Bachelors Degree	FOR HUMAN RESOURCES USE ONLY	POS # _____ CUNYFIRST Entry By _____ Date _____
	<input type="checkbox"/> Masters Degree		CF Empl ID _____
EDUCATIONAL DATA	<input type="checkbox"/> Doctorate	FOR HUMAN RESOURCES USE ONLY	

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

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