

Office of Human Resource Services

Person of Interest (POI) Appointment in CUNYfirst

Part A

Department: _____ Telephone #: _____

Department Head Name: _____ Signature: _____

Business Reason for Request: _____

Legal Name of Person: (First Name) _____ (Last Name) _____

Employee of: _____ Paid by: _____

Reports to Name on Campus: _____ Telephone #: _____

Start Date: _____ End Date: _____

Individual authorized to access CUNYfirst:

Part B

____ HCM _____
Human Resources / Carmel Boyle

____ SR _____
Registrar / Sharon Davidson

____ SF _____
Bursar / Yvette Williamson

____ FA _____
Financial Aid / Beverly Brown

____ ADM _____
Admissions / Anthony Davis

____ GL _____
Business Manager / Suzette Foster-Jemmott

Person Information:

Part C

Address: _____
Street Apt # City State Zip Code

Home Phone # _____ Cell Phone #: _____

Social Security # _____ Citizenship Status: _____ Date of Birth: _____

Gender: _____ Ethnicity _____ Disability: () Yes () No

Emergency Contact Name: _____ Telephone #: _____

Emergency Contact Relationship _____

Emergency Contact Address if different _____

Highest Degree: _____ Major: _____ Year Earned: _____

Marital Status: () Married () Single () Divorced () other _____ Veteran: () Yes () No

Human Resources Use Only: POI CF Position # _____ e-Mail Address: _____

Job Code _____ Dept. Code _____ POI Reports to Position #: _____ Emp ID: _____