

**THE CITY UNIVERSITY OF NEW YORK  
MULTIPLE POSITION REPORT  
FULL-TIME FACULTY**

Semester \_\_\_\_\_ Year \_\_\_\_\_

This form must be completed by all full-time faculty. Please read the Statement of Policy on Multiple Positions prior to completing this form and consult with the college labor designee if you have any questions regarding the Policy. **This form should be updated if changes in commitments occur during the semester.** If more space is needed please attach additional sheets using the same format.

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

College Queens

\_\_\_\_\_  
(Print) Last Name, First Name, M.I.

\_\_\_\_\_  
Department Rank

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**Certification by Faculty Member (Complete Part A OR Part B):**

**A.** I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at Queens College of CUNY.

I certify that I have no compensated or uncompensated employment, consultative or other work, grant-funded or otherwise, in addition to my regular full-time employment at Queens College.

Signature of Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

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**B.** I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at Queens College.

I certify that (**Check all applicable statements**):

\_\_\_\_\_ In addition to my regular full-time assignment at the College, I have supplementary employment, consultative or other work for extra compensation (including grant-funded activities), **within CUNY** for which complete information follows. (If you check this statement complete section B.1.)

\_\_\_\_\_ In addition to my regular full-time assignment at the College, I have supplementary compensated or uncompensated employment, consultative or other work (including grant-funded activities), **outside of CUNY** for which complete information follows. (If you check this statement complete section B.2.)

\_\_\_\_\_ My activities are within the limits set by the Multiple Position regulations.

\_\_\_\_\_ My activities are above the limits set by the Multiple Position regulations.

Signature of Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

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**B.1 CUNY – Current Semester** (Only report **compensated** activities that are **not** part of your regular full-time position)

Name of College: \_\_\_\_\_ Department or Division: \_\_\_\_\_

**Teaching**

No. of Hrs. /wk.: \_\_\_\_\_ No. of Courses: \_\_\_\_\_ Dates from: \_\_\_\_\_ TO: \_\_\_\_\_

**Non-Teaching**

No. of Hrs. /wk.: \_\_\_\_\_ No. of Courses: \_\_\_\_\_ Dates from: \_\_\_\_\_ TO: \_\_\_\_\_

**Others**

No. of Hrs. /wk.: \_\_\_\_\_ No. of Courses: \_\_\_\_\_ Dates from: \_\_\_\_\_ TO: \_\_\_\_\_

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**B.2 Compensated and Uncompensated Employment, Consultative or Other Work Outside of CUNY – Current Semester**

Check one: \_\_\_\_\_ Compensated \_\_\_\_\_ Uncompensated

Nature of work \_\_\_\_\_

No. of hrs./wk. \_\_\_\_\_ No. of wks. \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Employer/Institution/Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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**C. Department Personnel and Budget Committee:**

The Department P & B Committee [ ] recommends [ ] does not recommend approval of the activities listed above.

Date of the Personnel and Budget Committee meeting: \_\_\_\_\_

Department Chairperson: \_\_\_\_\_

I certify that the hours reported are [ ] within [ ] above the limits set by the University's Multiple Position Policy. I [ ] recommend [ ] do not recommend approval of the hours reported above.

Department Chairperson (Signature): \_\_\_\_\_ Date \_\_\_\_\_

Presidential Action: [ ] Approved  
[ ] Other Action \_\_\_\_\_

President/Designee (Signature): \_\_\_\_\_ Date: \_\_\_\_\_