

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 of 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 Section 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
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Position Applied for	College
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Section B: Affidavit or Prior Services (Please check the one which applies to you):

- 1) I have no prior services 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 services;

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: _____