

The City University of New York

Non-Teaching Instructional Staff Action Form: HEO, CLT, RA

LEHMAN COLLEGE

OFSR Use Only

Date Received _____
 UPO Action _____
 Committee Review _____
 VC Review _____

A. Action being requested: (indicate all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Position Approval ONLY | <input type="checkbox"/> Reclassification |
| <input type="checkbox"/> Appointment from a Search | <input type="checkbox"/> Merit Increase (one/two-step, in-title) |
| <input type="checkbox"/> Reorganization Plan: Related Appointment or Reclassification | <input type="checkbox"/> Merit Increase (exceeding two-steps Research Assc.) |
| <input type="checkbox"/> Promotion (CLT Series only) | <input type="checkbox"/> *Complete CUNY Substitute Appt. History |
| <input type="checkbox"/> Substitute Appointment (to a position requiring a search)* | Sub. Appt Period Payroll Title |
| <input type="checkbox"/> Substitute Appointment (to a position of a temporary nature)* | 1. _____ |
| <input type="checkbox"/> Functional Title Change (including Reassignment) | 2. _____ |
| <input type="checkbox"/> Other: (Specify) _____ | 3. _____ |
| | 4. _____ |

(See page one for definitions, required documents and other helpful information)

B. Current Nature of Position: (indicate one only)

New Filled on a Substitute basis Vacant, previously filled Reorganized functions Accretion of functions

C. Appointment Information:

Proposed Payroll Title	Proposed Functional Title	Waiver Requested (Y/N)		Requested Effective Date
		Bylaw (Type)	Search	

Candidate's Name	Supervisor's Name/Title To Whom Will Report	Candidate's Prior CUNY Payroll Title, if Any	Annual Base Salary Prior/Proposed
			\$ _____ / \$ _____

D. College Approval:

E. College Certification: Committee Meeting Date ____ / ____ / ____

 Vice President/Dean

 College HR Officer/Committee Liaison

____ / ____ / ____
 Date

 Chair, Director

Instructional Staff Data Form:

The information below is to be completed by the college based on information supplied by the candidate. If more space is required, attach another page. The candidate should attest to the college regarding the accuracy of the information on which the college bases the information provided below.

Name _____ Address _____ SSN _____

Educational Background (most recent degree first):

Accredited Institution	City/State	Dates Attended From (M/Y) To	Degree Conferred/Expected		
			Degree	Field	Date

Recent 10 years (most recent first) paid (and unpaid, if relevant) work experience (other than with CUNY):

Non-CUNY Employer	Job Title/Primary Responsibility	Dates Employed from (M/Y): To (M/Y)	If PT, hours per week	If supervisor, # supervised	Final Pay Year/Hour
					\$ _____ ____ Yr ____ Hr
					\$ _____ ____ Yr ____ Hr
					\$ _____ ____ Yr ____ Hr
					\$ _____ ____ Yr ____ Hr

Recent 10 years (most recent first) work experience with CUNY:

CUNY College	Job Title/Primary Responsibility	Dates Employed From (M/Y): To (M/Y)	If PT, hours per week	If supervisor, # supervised	Final Pay Year/Hour
					\$ _____ ____ Yr ____ Hr
					\$ _____ ____ Yr ____ Hr
					\$ _____ ____ Yr ____ Hr

Notice to Appointment Officials: any offer of employment by an official of a college is contingent on successful completion of the total employment process, including the verification of references which the College official considers satisfactory. 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, University or College policies, or collective bargaining agreements governing the administration of the Non-Teaching Instructional Staff Service of the University. Any representations which are contrary to administrative policies of the University, including those made in writing are unenforceable. Only the representations made by the President of the College or designee—usually the College HR Officer—made in writing prior to appointment constitute official representations. The City University reserves the right to revise without notice any personnel policy or practice at any time other than those set forth in the University Bylaws, applicable New York State Laws, and collectively bargained agreements.

THE CITY UNIVERSITY OF NEW YORK
AFFIRMATIVE ACTION CERTIFICATION For NON-TEACHING INSTRUCTIONAL STAFF (HEO, CLT, RA)

The Affirmative Action Program of the City University of New York mandates that equal opportunity be afforded to all qualified persons when positions are available. Good faith efforts must be made to encourage women, minorities, veterans and persons with disabilities to apply for available vacant positions.

SECTION A: RECRUITMENT PLAN CERTIFICATION

A recruitment plan is to be submitted to the Office of Compliance and Diversity for approval before the search begins. I certify that I reviewed and approved the recruitment plan submitted by

_____ of _____
 Chair/Director or Responsible College Officer Department/Office

For the position of _____
 Bylaw/Functional Title of Position Personnel Vacancy Notice Number (PVN)

_____ Date _____
 Compliance and Diversity Officer

THE APPLICANT POOL (This section will be completed by the Office of Compliance and Diversity)

	Black	Hispanic	Asian/ Pacific Islander	American Indian/ Alaskan Native	Italian American	White	Unknown	Total
Men								
Women								
Total								

SECTION B: SEARCH PROCEDURES DOCUMENTATION (This section to be completed by department)

1. Federal and University regulations require documentation of recruitment efforts. List all sources (Websites, journal and newspaper ads, professional organizations, etc.) that were used to recruit for this position:

2. Number of applications received: Male _____ Female _____ Total Applications _____

3. Provide gender and race/ethnicity data for the applicants interviewed:

	Black	Hispanic	Asian/ Pacific Islander	American Indian/ Alaskan Native	Italian American	White	Total
Men							
Women							
Total							

4. Name of Candidate Selected: _____

From what specific sources was the candidate recruited: _____

5. If the position was offered to another candidate but that candidate declined, please complete this section:

Name of candidate: _____

Reason candidate declined the position: _____

6. List the names of other candidates interviewed but not offered the position:

_____	_____
_____	_____
_____	_____

SECTION C: Affirmative Action Certification

- Before an offer is made, appropriate College officers shall certify that affirmative action procedures have been followed. In the case of reclassification, College officers must attest that the proposal conforms with all equal opportunity policies.
- Substitute positions may be for a maximum of four (4) semesters only. A PVN to begin the search for a regular line must accompany the request for the first substitute appointment. The exceptions to this are:

I certify that the Affirmative Action procedures have been followed and that the above is true to the best of my knowledge and belief.

Name and Signature of Responsible College Officer (Chairperson/Director/Dean) **Department/Office** **Date**

Name and Signature of Director of Compliance and Diversity **Date**

REGULATIONS REQUIRE THE RETENTION OF ALL SUPPORTING DOCUMENTS, INCLUDING RESUMES OF APPLICANTS, FOR AT LEAST THREE (3) YEARS.