







## STATEMENT OF CITIZENSHIP

**Check One:**

**U.S. Citizen**

**Resident Alien**

**Non-Resident Alien (Please answer questions below):**

Do you have clearance to work in the United States?  Yes  No

Type of Visa and Expiration Date: \_\_\_\_\_

Primary Purpose in the United States: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Intended length of stay: \_\_\_\_\_

Are you a CUNY Student:  Yes  No

## EMERGENCY EVACUATION ASSISTANCE

### Confidential

In order to maintain evacuation procedures for all facilities, we need to determine whether or not any staff members or students would require assistance in an emergency evacuation. Please be assured that this information will only be used for emergency evacuation purposes and will only be shared with those who have responsibilities under the emergency evacuation plan.

I would require assistance during an evacuation:  Yes  No

Employee Last Name: \_\_\_\_\_

Employee First Name: \_\_\_\_\_

Title: \_\_\_\_\_

Office or Alternate Contact No: \_\_\_\_\_

Type of Assistance: \_\_\_\_\_

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

Location: \_\_\_\_\_

Name of person you report to: \_\_\_\_\_

### ***Voluntary Self-Identification Form for Employees***

The City University of New York is committed to equal opportunity, and personnel decisions are made on the basis of qualifications without regard to race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender and/or gender identity, marital status, partnership status, disability, genetic information, alienage, citizenship, military or veteran status, pregnancy, or status as a victim of domestic violence, stalking, or sex offense. We also comply with federal affirmative action regulations. In order for us to comply with state, federal, and University reporting requirements and to assess the effectiveness of our recruitment efforts, we would greatly appreciate your completing this form. Completion of this form is, however, voluntary and the information collected will be used as required by law.

Any question regarding gender, race or ethnicity, veteran, or disability identification should be directed to the Chief Diversity Officer.

Gender:  Male  Female

#### **ETHNICITY and RACE**

##### **Question 1:**

Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

If yes, are you Puerto Rican? (a person of Puerto Rican culture or origin)

##### **Question 2:**

Please select one or more of the following categories that apply to you:

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-Continent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the Black racial groups of Africa.

**Italian American:** A person having origins in Italy. (This is for CUNY's reporting purposes.)

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## VETERAN

Please select one or more of the following:

**NOT a Veteran**

**Armed Forces Service Medal Veteran**: Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

**Disabled Veteran**: Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

**Note:** If you have a disability and need a reasonable accommodation to perform the essential functions of your job, please contact the Central Office Human Resources Director to begin an interactive discussion to identify and provide you a reasonable accommodation.

**Other Protected Veteran**: A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense; see <http://www.opm.gov/staffingportal/vgmedal2.asp>.

**Recently Separated Veteran**: Any veteran during the three-year period beginning on the date of veteran's discharge or release from active duty in the U.S. Military, ground, naval or air service.

Discharge Date: \_\_\_\_\_

## Voluntary Self-Identification of Disability

The City University of New York is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcements. When reported, the data will not identify any specific individual.

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities<sup>1</sup>. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

Blindness	Autism	Bipolar Disorder	Post-Traumatic Stress Disorder (PTSD)
Deafness	Cerebral Palsy	Major Depression	Obsessive-compulsive Disorder
Cancer	HIV/AIDS	Multiple Sclerosis (MS)	Impairments requiring the use of a wheelchair
Diabetes	Schizophrenia	Missing limbs or partially missing limbs	Intellectual disability (previously called mental retardation)
Epilepsy	Muscular Dystrophy		

***(For the below questions, please check all that apply. If you do not wish to disclose the information, please check the appropriate box. )***

**Are you an individual who has a physical or any other disability?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

**If you identify as an individual who has a physical or any other disability, do you require special working accommodations?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).





To: All Employees

From: Department of Human Resources

Re.: CUNY Computer Use Policy and BCC e-mail

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**CUNY requires that all employees read the following policies:**

[http://www.cuny.edu/about/administration/offices/CIS/security/training/new\\_employee.pdf](http://www.cuny.edu/about/administration/offices/CIS/security/training/new_employee.pdf).

<http://www.cuny.edu/about/administration/offices/CIS/policies/ComputerUsePolicy.pdf>

<http://www.cuny.edu/about/administration/offices/CIS/security/pnp/SecurityProcedures032609.pdf>

**In addition**, please note that all BCC employees are required to maintain and monitor their BCC email for professional communication. You are responsible for all information sent to you electronically by the College/department and the College is not liable for failure to note critical information.

BCC e-mail is for your professional use only. Please read the BCC E-mail policy at

<http://www.bcc.cuny.edu/InformationTechnology/PDF/Email%20Policy.pdf>

As per the policy, it is advised that employees maintain and use a separate, personal e-mail for personal communication. The College is not responsible for personal contacts, calendars and e-mails stored on your BCC email account.

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Please return the form signed and dated, indicating your acceptance of these policies.  
A copy will be placed in your personnel file.

Print Name:

**Signature**     X \_\_\_\_\_

Dept.:

Date:

Form may be faxed  
to: 718-289-6000  
or mailed to:  
Human Resources  
South Hall, Room 106

# **New Employee On-Boarding & Existing Employee Orientation for IT Security**

## **Why is IT Security important at CUNY?**

- We must ensure our academic and administrative systems continue to be available to run the business of the University and to serve our faculty, students, and staff.
- We must maintain accurate University data and prevent unauthorized changes (e.g., grades, financial aid information).
- We must be reputable custodians and are required by law to protect the privacy of personal data belonging to our faculty, students, and staff.

## **What are the IT Security risks to CUNY?**

- Don't be phished. Phishing is a scam in which an email message directs you to click on a link that takes you to a web site where you are prompted for personal information such as passwords, social security number, bank account number or credit card number. Both the link and web site may closely resemble an authentic web site, but they are not legitimate.
- Don't disclose personal information to someone you don't know. Social engineering is an approach to gain access to information through misrepresentation. It is the conscious manipulation of people to obtain information without their realizing that a security breach is occurring. It may take the form of impersonation via telephone or in person, and through e-mail.
- Don't disclose personal information within CUNY unless it is absolutely necessary. The need for disclosing your social security number outside of the Human Resource (HR) department would be unusual. When in doubt, contact the HR department directly to verify the legitimacy of the request.
- Protect your user ID and password and never share them. Your user ID is your identification, and it is what links you to your actions on CUNY's computer systems. Your password authenticates your user ID. Use passwords that are difficult to guess and change them regularly.
- You are responsible for actions taken with your ID and password. Log off or lock your computer when you are away from your workstation. In most cases, hitting the "Control-Alt-Delete" keys and then selecting "Lock Computer" will keep others out. You will need your password to sign back in, but doing this several times a day will help you to remember your password.
- E-mail and portable devices are not secure. Do not ship personal information belonging to you or CUNY faculty, students, and staff to portable devices (e.g., portable hard drives, memory) or send or request to be sent such personal information in an e-mail text or as an email attachment without encryption.
- Be careful when using the Internet. Malicious code can take forms such as a virus, worm or Trojan and can be hidden behind an infected web page or a downloaded program. Keep anti-virus and anti-malware programs and the software on your workstation up-to-date at all times. Only install software authorized by your department, and never disable or change security programs and their configuration.

## **Where are the CUNY IT Security information resources?**

- Security.cuny.edu is available 24 hours a day from any Internet accessible location without a user ID and password. All relevant policies, procedures, and advisories, the IT Security awareness program and materials, and links to external IT Security information resources are located here.
- Find the Policy on Acceptable Use of Computer Resources under Info Security Policies.

- Find the IT Security Procedures – General under Info Security Policies.
- To take the IT Security Awareness tutorial, approximately 30 minutes, click on the padlock on the home page of security.cuny.edu.

**Who to contact for help with IT Security at CUNY?**

- Your supervisor.
- Your College web-site.
- security.cuny.edu
- The College IT Security Manager (click on Campus Security Managers Contact Information at security.cuny.edu under Contact Us).
- The College Chief Information Officer or equivalent in the Central Office department.
- The CUNY Central IT Security Office at [security@mail.cuny.edu](mailto:security@mail.cuny.edu); or the Contact Us page at security.cuny.edu; or the Who to Contact for Help page at security.cuny.edu.

**Where are some external resources for help with IT Security located?**

- New York State Office of Cyber Security and Critical Infrastructure Coordination (CSCIC) at [www.cscic.state.ny.us](http://www.cscic.state.ny.us)
- Federal Trade Commission at [www.ftc.gov](http://www.ftc.gov)
- Privacy Rights Clearinghouse - Nonprofit Consumer Information and Advocacy Organization at [www.privacyrights.org](http://www.privacyrights.org)
- Anti-Phishing Working Group – Committed to wiping out Internet scams and fraud at [www.antiphishing.org](http://www.antiphishing.org)
- Microsoft Malware Protection Center, Threat Research and Response at [www.microsoft.com/security/portal](http://www.microsoft.com/security/portal)

**What is required of me as an employee of CUNY?**

- Acknowledge, by signature below, receipt of the Policy on Acceptable Use of Computer Resources.
- Acknowledge, by signature below, receipt of the IT Security Procedures – General.
- Complete the IT Security Awareness tutorial within the first 30 days of employment.
- Maintain compliance with the Policy on Acceptable Use of Computer Resources and the IT Security Procedures at all times.

If you discover or suspect a security breach, you should report the incident to your supervisor, the College IT Security Manager (click on Contact Us at security.cuny.edu) and the CUNY Central IT Security Office ( [security@mail.cuny.edu](mailto:security@mail.cuny.edu)) immediately.

I hereby acknowledge receipt of the Policy on Acceptable Use of Computer Resources and the IT Security Procedures – General.

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signed)

Bronx Community College - CUNY /

\_\_\_\_\_  
(College)

\_\_\_\_\_  
(Business Area)

\_\_\_\_\_  
(date)

One copy for personnel file.

One copy to employee.

V02, July 2010



**AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT**  
*(In compliance with New York Education Law Article 61 §3002)*

**“I do hereby pledge and declare that I will support the constitution of the United States and the constitution of the State of New York, and that I will faithfully discharge the duties of the position of \_\_\_\_\_ according to the best of my ability.”**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

DESIGNATION OF BENEFICIARY  
(Non-Instructional Staff)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ -  
 Title: \_\_\_\_\_ Agency: \_\_\_\_\_

I. In accordance with the provisions of Personnel Orders No. 26/71, 28/71 and 74/46, the accidental death benefit of \$25,000 provided for therein is to be paid to the beneficiaries designated below in the following order:

- | Name of Beneficiary   | Relationship | Address % of Benefits |
|---|--------------|-----------------------|
| 1) _____  | _____        | _____                 |
| 2) _____  | _____        | _____                 |
| 3) _____  | _____        | _____                 |
| 4) if non of the above-designated beneficiaries shall survive me, payment shall be made to my estate. |              |                       |

UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT

II. In accordance with the provisions of Mayors executive Order No. 34, dated March 26, 1971, the lump-sum cash payment for accrued and annual and accrued compensatory time provided for therein is to be paid to the following beneficiary of beneficiaries or to my estate as indicated below in the following manner (fill in below if you desire to name a beneficiary other than your estate).

- | Name of Beneficiary   | Relationship | Address % of Benefits |
|---|--------------|-----------------------|
| 1) _____  | _____        | _____                 |
| 2) _____  | _____        | _____                 |
| 3) _____  | _____        | _____                 |
| 4) It is my understanding that by not designating a beneficiary this benefit will be paid to my estate. |              |                       |

**ALL PREVIOUS DESIGNATED BENEFICIARIES ARE HEREBY CANCELED AND IT IS DIRECTED THAT PAYMENT BE MADE UPON MY DEATH AS SPECIFIED ABOVE.**

\_\_\_\_\_  
Signature of employee (DO NOT PRINT) Address of employee

\_\_\_\_\_  
Signed at (City, State) Date signed

\_\_\_\_\_  
Signature of Witness (DO NOT PRINT) Address of Witness

\_\_\_\_\_  
Signed at (City, State) Date signed

**NOTE:** It is your responsibility to submit a new designation of beneficiary whenever changing personal circumstances make a change in beneficiary necessary.