



**Department of Human Resources**  
 South Hall, Room 106  
 P: 708.289.5119  
 F: 718.289.6000

**Bronx Community College  
 Of The City University of New York**  
 2155 University Avenue  
 Bronx, New York 10453

**To:** New College Assistants and Tutors  
**From:** Marta A. Clark, Executive Director of Human Resources  
**Subject:** Processing of New College Assistants and College Assistants/Tutors

**Welcome To Bronx Community College.**

**The Office of Human Resources must receive ALL items listed below before processing of applications can begin.**

Please use the checklist below for the completion and submission of forms required for processing your employment. Email **Francis Danso** ([Francis.Danso@bcc.cuny.edu](mailto:Francis.Danso@bcc.cuny.edu)) or **Gilbert Ara** ([Gilbert.Ara@bcc.cuny.edu](mailto:Gilbert.Ara@bcc.cuny.edu)) between **Monday through Friday within the hours of 9:00 a.m. to 5:00 p.m.** to receive a link for Virtual Drop Off of your completed application to begin processing.

**College Assistants/Tutors cannot begin working prior to receiving authorization from the Department of Human Resources.**

**CHECKLIST**

HR	Employee
	<b><u>Employment Record</u></b>
<input type="checkbox"/>	<input type="checkbox"/> CUNY Employment Application (Part 1-4)
<input type="checkbox"/>	<input type="checkbox"/> Procedure for Fingerprinting ( <b><u>Name of College:</u></b> Bronx Community College, <b><u>College ID Code:</u></b> 463)
<input type="checkbox"/>	<input type="checkbox"/> Personal Data Form
<input type="checkbox"/>	<input type="checkbox"/> Emergency Contact Information
<input type="checkbox"/>	<input type="checkbox"/> Statement of Citizenship
<input type="checkbox"/>	<input type="checkbox"/> Emergency Evacuation Assistance
<input type="checkbox"/>	<input type="checkbox"/> Voluntary Self-Identification for Employees
<input type="checkbox"/>	<input type="checkbox"/> Veteran Status
<input type="checkbox"/>	<input type="checkbox"/> Voluntary Self-Identification of Disability
	<b><u>Employment Eligibility</u></b>
<input type="checkbox"/>	<input type="checkbox"/> Form I-9
	<b><u>Payroll Forms</u></b>
<input type="checkbox"/>	<input type="checkbox"/> W-4 Form
<input type="checkbox"/>	<input type="checkbox"/> IT-2104 Form
<input type="checkbox"/>	<input type="checkbox"/> NYC Direct Deposit Form
	<b><u>Supporting Documents</u></b>
<input type="checkbox"/>	<input type="checkbox"/> NYCAPS ESS Account Information
<input type="checkbox"/>	<input type="checkbox"/> Orientation for IT Security
<input type="checkbox"/>	<input type="checkbox"/> Oath Upon Appointment
<input type="checkbox"/>	<input type="checkbox"/> External Employment of Classified Staff
<input type="checkbox"/>	<input type="checkbox"/> CUNY Policy Checklist
<input type="checkbox"/>	<input type="checkbox"/> Authorization to Release Reference Information

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- Designation of Beneficiary Form
  - General Release Form for Use of Photography
  - Conditional Offer of Employment for Part-Time Positions
  - College Assistant Work Schedule Confirmation
  - BCC New Hire Form

**Items you must bring with your application**

- High School Diploma
- Receipt for Fingerprinting Services – See Instructions
- United States Postal Service (USPS)** Money Order for processing of **\$15.00/\$25.00 application fee** (\$15.00 for hourly rates of \$17.80 or below/\$25.00 for hourly rates of \$17.81 or greater). **Must be payable to: Bronx Community College.**
- Original** Social Security Card
- Photo ID (Driver's License, Alien Resident Card, Passport, etc.)

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If you have any questions in regards your title, please contact [Francis Danso](#) at 718.289.5683 or [Gilbert Ara](#) at 718.289.5360.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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### Conditional Offer of Employment for Part time Positions

The City University of New York is pleased to extend to you a conditional offer of employment as a **College Assistant**, an hourly (part time, equal to or less than 32 hours per week) at Bronx Community College.

This conditional offer is contingent upon satisfactory completion of the following which may include:

- . Verification of qualifying credentials
- . Background investigation (including fingerprints)

Failure to appear or participate fully in a screening may result in the revocation of the conditional offer of employment.

Your employment is also contingent upon your presenting appropriate documentation for the completion of your new hire processing, including proof that you are presently eligible to work in the United States. Failure to provide appropriate documentation within 3 days of hire will result in immediate termination of employment in accordance with the terms of the Immigration Reform and Control Act.

If you have any questions about your employment, please contact the Human Resources Department of the college at which you have been offered employment. If you understand and accept these terms, please sign this form below.

The provisions of this offer of employment have been read, are understood, and the offer is accepted.

I understand that my employment is contingent upon the items listed above. A background investigation (including fingerprints), verification of qualifying credentials, and presenting appropriate documentation. I also understand that failure to appear or participate fully in a screening may result in the revocation of the conditional offer of employment.

Name of Candidate (Please Print): \_\_\_\_\_

Candidate Email: \_\_\_\_\_ Department: \_\_\_\_\_

Candidate Signature: X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Human Resources Director or Designee \_\_\_\_\_



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## New Hire Form

This form is to be used as a formal verification of appointment details for a new hire employee of Bronx Community College, regardless of their current employment status. This form must be completed by a hiring manager and forwarded to the Office of Human Resources with your hiring packet prior to your start date.

### Section A: Required New Hire Appointment Information (Please print or type)

Name: \_\_\_\_\_  
*First Name* *Middle Initial* *Last Name*

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

Anticipated Start Date: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Department/Program Budget Code: \_\_\_\_\_

### Section B: Hiring Manager Verification

Hiring Manager Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## College Assistant Work Schedule Confirmation

This form is to be used as a formal confirmation of a new hire employee’s confirmed work schedule at Bronx Community College. This form must be completed by a hiring manager and forwarded to the Office of Human Resources along with your new hire packet prior to your start date.

Please check one that applies:     **Type of Action:** New Employee                    **OR**     Revised Schedule

**Section A: Employee Personal Data (Please print or type)**

Name: \_\_\_\_\_  

*First Name*
*Middle Initial*
*Last Name*

Department: \_\_\_\_\_ Building/Room#: \_\_\_\_\_

**Section B: College Assistant Work Schedule Details (Required)**

Appointment Start Date: \_\_\_\_\_

	From	To	Hour(s) per Day
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

*(One hour should be deducted for any shift of six hours or more)*

Total Hours for the Week: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section C: Hiring Manager Verification**

Hiring Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



DESIGNATION OF BENEFICIARY  
(Non-Instructional Staff)

Employee Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Title: \_\_\_\_\_ Agency City University of New York

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.

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**General Release Form for Use of Photograph**

I hereby grant The City University of New York (CUNY) permission to use my name, the name of the educational program in which I am enrolled, and my photograph for any purpose that CUNY may deem appropriate, including without limitation educational uses and promotion of CUNY and its programs and activities, in perpetuity in in-house publications as well as in all other media, whether now known or later developed. I waive any right to inspect and approve such use.

I agree to hold harmless The City University of New York from any liability that may arise from such use of my name, graduate program and/or likeness.

I am at least 18 years old.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

