



# LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

## Full-Time Faculty and College Lab Tech Appointment Checklist

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DIVISION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Please attach the following items to this checklist upon submission to the Human Resources Office E-408.

- |  | <b>HR Only</b>           |
|--|--------------------------|
| 1) CUNY Employment Application ( Part I II III )   | <input type="checkbox"/> |
| 2) Curriculum Vitae or Resume  | <input type="checkbox"/> |
| 3) (P) Verify Social Security Card (Copy attached)   | <input type="checkbox"/> |
| 4) (P) <a href="#">Residency Status for Tax Purpose Data Request Form</a>                                | <input type="checkbox"/> |
| 5) (P) Personal Data Form  | <input type="checkbox"/> |
| Emergency Contact Information  | <input type="checkbox"/> |
| (P) Statement of Citizenship   | <input type="checkbox"/> |
| (P) Voluntary Self-Identification Form for Employees   | <input type="checkbox"/> |
| (P) Veteran's Form   | <input type="checkbox"/> |
| 6) I-9 Employment Eligibility Verification   | <input type="checkbox"/> |
| Non-Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, process in Glacier) |                          |
| 7) Voluntary Self-Identification of Disability   | <input type="checkbox"/> |
| 8) (P) Federal Tax Form W-4 (Signature required)   | <input type="checkbox"/> |
| 9) (P) State Tax Form NYSIT-2104 (Signature required)  | <input type="checkbox"/> |
| 10) (E) Direct Deposit Authorization Agreement   | <input type="checkbox"/> |
| 11) New Employee On-Boarding Orientation for IT Security   | <input type="checkbox"/> |
| 12) Amended Constitutional Oath  | <input type="checkbox"/> |
| 13) CUNY Employment Policies Checklist   | <input type="checkbox"/> |
| 14) (E) Issuance of ID Memo  | <input type="checkbox"/> |

### HR Actions

(P) Send Copy to Payroll

(E) Give to Employee

In addition to the above documents, please supply the Human Resources Office with the following items:

- |  |                                   |  |
|--|-----------------------------------|--|
| 1) An Official Sealed Transcript* and Highest Degree | <input type="checkbox"/> Graduate | <input type="checkbox"/> Undergraduate |
| 2) For Nursing Faculty: Copy of NYS License          |                                   |  |

*\*Foreign Degrees: Individuals who have degrees from outside the United States must have it evaluated by an accredited evaluation agency. Agencies recommended are the World Evaluation Services, 212-966-6311, ([www.wes.org](http://www.wes.org)), and the Globe Language Services, 212-227-1994, ([www.globelanguage.com](http://www.globelanguage.com)). The evaluation will be reviewed by this department to determine whether it meets the requirements of the title.*

- |  |                          |
|--|--------------------------|
| 3) Three (3) Written Professional References | <input type="checkbox"/> |
|--|--------------------------|

### HUMAN RESOURCES DEPARTMENT USE ONLY

Processed by: \_\_\_\_\_

Date Received: \_\_\_\_\_