SUMMER SALARY PERSONNEL ACTION FORM

Baruch College of CUNY Internal Form

All faculty who will be hired to work during the summer months (June, July and/or August) from grants or department accounts administered by the Research Foundation, must complete this form in it's entirety.

EMPLOYEE SOCIAL SECURITY NUMBER: _____

LAST NAME FIRST NAME MIDDLE INITIAL

LEGAL STREET ADDRESS

CITY STATE ZIP CODE

ALTERNATE STREET ADDRESS (for the summer months)

CITY STATE ZIP CODE

EMAIL ADDRESS (to be reached during the summer months only)

APPOINTMENT INFORMATION					
Project #	Start Date	End Date	Monthly Pay	Total Salary Amount	Pension Plan
Example					
99999-00-01	***06/01/04***	***07/31/04***	***$ 1,500.00***	***$ 3,000.00***	***TIAA-CREF***

I have read the "CUNY Statement of Policy on Multiple Positions" and certify that employment covered herein is conpatible with the terms and conditions specified, and that I am in compliance with the University policy.

Signature of Employee Date

Project Director/Principal Investigator

Signature

Print Name

Date Phone Number

SPAR Office

Signature

Print Name

Date Phone Number

**CUNY Statement of Policy on Multiple Positions located at http://portal.cuny.edu/cms/id/cuny/documents/level_3_page/001170.htm*

Version 6/05