

**THE CITY UNIVERSITY OF NEW YORK  
MULTIPLE POSITION REPORT  
FULL-TIME FACULTY  
2005-2006 ACADEMIC YEAR**

This form must be completed by all full-time faculty. Please read the Statement of Policy on Multiple Positions prior to completing this form and consult with the college labor designee if you have any questions regarding the Policy. **This form should be updated if changes in commitments occur.** If more space is needed please attach additional sheets using the same format.

Report Date: \_\_\_\_\_

College: **BARUCH**

\_\_\_\_\_  
(Print) Last Name First Name M.I.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Rank

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**Certification by Faculty Member (Complete Part A OR Part B):**

**A.** I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at Baruch College (CUNY).

I certify that I have no compensated or uncompensated employment, consultative or other work, grant-funded or otherwise, in addition to my regular full-time employment at Baruch College.

Signature of Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

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**B.** I am aware of the Multiple Position regulations governing activities in addition to my regular full-time employment at Baruch College (CUNY).

I certify that (**Check all applicable statements**):

\_\_\_\_\_ In addition to my regular full-time assignment at the College, I have supplementary employment, consultative or other work for extra compensation (including grant-funded activities), **within CUNY** for which complete information follows. (**If you check this statement complete section B(1).**)

\_\_\_\_\_ In addition to my regular full-time assignment at the College, I have supplementary compensated or uncompensated employment, consultative or other work (including grant-funded activities), **outside of CUNY** for which complete information follows. (**If you check this statement complete section B(2).**)

\_\_\_\_\_ My activities are within the limits set by the Multiple Position regulations.

\_\_\_\_\_ My activities are above the limits set by the Multiple Position regulations.

Signature of Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

