BLANK
PAYROLL
PACKET
November 2019

Dear College Now Faculty and Staff:

The attached payroll materials, for the spring 2020 semester, represent the tentative teaching schedule for your school. They do not guarantee a class for you. There may be classes added or dropped as we get closer to the new semester and even after the semester begins since all classes are based on registration and budget.

After you complete the portions which have not already been filled out, please return them to your Program Coordinator by the due date set by your school. All forms must be in the CN office by Friday, November 22nd, including your 12 stamped, self-addressed envelopes. Please be sure to do the following before submitting them:

**CALENDARS:**
The “total # of minutes” includes both the class time and final exam time. Your final exam can be given before the end of the semester so the marked exam can be reviewed with the student before being submitted with your end term work. Please make sure to sign and date your calendar and have your PC approve it. Make sure you have also completed all the personal information at the top.

For all other forms, most information has already been filled in for you and only requires you to do the following:

**WORKLOAD SCHEDULE:**
Complete the personal information at the top.
Fill in your “Schedule of Teaching” (or office schedule) at the bottom.
If missing, add your reference # (from paystubs) and CUNY First (Employee) ID.
Add any additional CUNY courses you may teach below your listed course, along with the schedule(s) at the bottom of the form.

**WORKLOAD REPORTING:**
Sign and date the form
Add any additional CUNY courses you may teach below your listed course.

**CERTIFICATION OF COLLECTION OF PUBLIC PENSION FUNDS:**
Sign and date the form (which is correct as checked for all DOE employees and DOE retirees).
If you will be retiring for the spring semester, your PC has a sample for retirees.

**PAYROLL MAIL AUTHORIZATION:**
Add personal info, last 4 digits of your SS, plus sign and date the form.
Include 12 stamped, self-addressed envelopes plus your return address. You can use personal address labels for both as long as your paycheck name appears.

If you have any questions, please do not hesitate to contact me or Judy Berger.

Thank you for your cooperation,
Erika Delacruz, Academic Director
2001 Oriental Boulevard | Brooklyn, New York 11235 |
Telephone 718-368-5170 | Fax 718-368-5377
A College of The City University of New York
www.collegenowlive.com or follow us on Facebook @ collegenowlive
Please follow us @collegenowlivekcc on Instagram
**COLLEGE NOW PROGRAM**
Kingsborough Community College - City University of New York
Instructional Faculty Academic Calendar Spring 2020

**PLEASE PRINT:** You must fill in all blank spaces

High School: __________________________

Name: Last __________________________  First __________________________

School Tel #: __________________________  Home Tel #: __________________________

E-mail Address: __________________________  Cell #: __________________________

Home Address: __________________________

**COURSE INFORMATION** (see separate instruction sheet)

**CN Course Code (not hs code):** __________________________

**CUNY First Code/Section:** __________________________

# of Class Meetings + Final: ______ (Must match # of dates circled)

(# of meetings + final x minutes per class = total minutes)

@ _______ Min. per class = Total # of Min. _______ which includes final

THE FINAL EXAM MINUTES ARE INCLUDED WITH THE COURSE HOURS

Start Time_______ End Time_______ PM

CIRCLE DAYS CLASS USUALLY MEETS

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**ROOM:** __________________________

Explain & list class meeting dates that have a different number of minutes than regular class meeting days.

____________________________________

____________________________________

Date of Last Class Meeting: __________________________

Final Exam Date(s): __________________________

By signing below, DOE employees acknowledge that the listed CN teaching hours do not conflict with their required DOE daily time schedule.

Faculty Member  __________________________  Date  __________________________

Approved By: __________________________

Program Coordinator  __________________________  Date  __________________________

SEE SEPARATE INSTRUCTIONS FOR THE TOTAL NUMBER OF MINUTES PER COURSE

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Copies retained by:
Principal, Course Coordinator, Program Coordinator

Total # indicated ______ (must match # of class meetings including final exam days)
### COLLEGE NOW COURSE HOURS INCLUDING FINAL EXAM

#### TOTAL # OF MINUTES PER COURSE

<table>
<thead>
<tr>
<th>COURSE</th>
<th>CLASS MINUTES + FINAL TOTAL MINUTES</th>
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<tbody>
<tr>
<td>ENG BW, ESL BW 1, ESL BW 2, MAT 01, MAT 03, MAT 14 BA 60</td>
<td>2800 + 120 = 2920</td>
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<tr>
<td>BA 10, BIO 39, BIO 70, BSS 1, CA 99, COM 11, HIST 20, HIST 21, HIST 62, HIST 66, HIST 68, HUM 1, MAT 20, MCF 40, MCM 30, MT 30, POL 63, POL 66, PSY 11, SCI 1, TAH 1, TAH 12, TAH 19, TAH 43, TAH 71, TAH 50</td>
<td>2100 + 120 = 2220</td>
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<tr>
<td>CA 21</td>
<td>1400 + 120 = 1520</td>
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<tr>
<td>SD 10, SD 11, SD 12</td>
<td>700 + 60 = 760</td>
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To determine the number of class meetings for your course, divide the total course minutes (which includes the number of minutes for the final) by the number of minutes/day that your class meets. Enter that information in the space provided on the calendar. The number of class meetings entered must equal the number of class meetings circled.

For example:
- BSS meets 2100 minutes + 120 final minutes = 2220 total minutes
- Your CN class meets 47 minutes per class meeting
- 2220 minutes divided by 47 minutes = 47.2 = 48 class meetings which includes the final
**COLLEGE NOW PROGRAM**  
Kingsborough Community College - City University of New York  
Non-Instructional Staff Calendar for Program Coordinators & Counselors - Spring 2020  
PLEASE PRINT: You must fill in all blank spaces

High School: __________________________  
Name: Last: ___________________________ First: ___________________________  
School Tel #: __________________________ Ext: ___________________________ Home Tel #: __________________________  
E-mail: ___________________________  
Cell #: ___________________________  
Home Address: ___________________________  

**SCHEDULE (see below for details)**  
Total Semester Hours: ________ = Total # of minutes ________

Start / End Time M: ________ to ________ AM ________ to ________ PM: M  
T: ________ to ________ AM ________ to ________ PM: T  
W: ________ to ________ AM ________ to ________ PM: W  
Th: ________ to ________ AM ________ to ________ PM: Th  
F: ________ to ________ AM ________ to ________ PM: F

**Room:** ___________________________

Circle Dates of Office Hours  

<table>
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<tr>
<th>January/February 2020</th>
<th>March 2020</th>
<th>April 2020</th>
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**May 2020**  

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<th>By signing below, Doe employees acknowledge that the listed CN hours do not conflict with their required Doe daily time schedule</th>
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</table>
| 1 2          | 1 2 3 5 6   | Total # circled ________  
| 3 4 5 6 7 8 9 | 7 8 9 10 11 12 13 | (When multiplied by minutes/day must equal your allotted total # of minutes) |
| 10 11 12 13 14 15 16 | 14 15 16 17 18 19 20 |  |
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| 21 22 23 24 25 26 27 | |
| 28 29 30 | |

# days circled ________  

**PC or Counselor Employee**  
Date: __________  
Approved: Program Coordinator  
Date: __________

**NOTE:** Your CN Time Schedule must be before or after your Doe day. Days worked for CN do not have to be the same each week. That should be reflected in the scheduled dates you circle. Your schedule must extend through the end of the College Now semester and should extend through the entire Doe semester. Hours for dates circled cannot exceed the total semester hours allocated to you.

copies retained by: Principal, Program Coordinator
# Workload Schedule Form

**Personal Information (Please Print All Information)**

- **Date:** JANUARY 28, 2020
- **Term/Year:** SPRING 2020
- **Reference #:**
- **Last Name:**
- **First Name:**
- **Department:** COLLEGE NOW
- **Rank:** ADJUNCT LECTURER
- **P/T ( )**
- **F/T ( )

**Course Abbreviation**

<table>
<thead>
<tr>
<th>Course Abbreviation</th>
<th>Class #</th>
<th>Section #</th>
<th>Contact Hours (*Please Tally)</th>
<th>Credits/Units (*Please Tally)</th>
<th>Overload (Y/N)</th>
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**Sub-Total:**

- A 
- B 
- Total (A + B): 
- Hrs. Carried Fall to Spring:

**Department Chairperson:**

**Date:**

---

**Schedule of Teaching and Office Hours**

<table>
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**Please Indicate Office Hours:**

(Date, time, room # & tel. ext.)

---

Date Received by Academic Affairs: [__]
KINGSBOROUGH COMMUNITY COLLEGE

THE CITY UNIVERSITY OF NEW YORK
Adjunct Instructional Staff and Graduate Assistant
Workload Reporting Form

Sections 15.2 and 15.3 of Article 15 of the Agreement between The City University of New York and the Professional Staff Congress/CUNY states:

15.2 WORKLOAD FOR THE PART-TIME MEMBERS OF THE INSTRUCTIONAL STAFF:

A person appointed to an Adjunct title is not a full-time employee of The City University of New York. Employment in an adjunct position or a combination of adjunct positions shall not constitute a full-time position. Adjunct lecturers or adjuncts in other titles, excluding Graduate Assistants, shall not be assigned a total of more than nine (9) classroom contact hours during a semester in one unit of The City University of New York. In addition, such adjunct may be employed to teach a maximum of one course of not more than six (6) hours during a semester at another unit of The City University of New York.

For persons in non-teaching adjunct titles, the limitations noted above are equated to not more than 225 hours per semester at one college and not more than 150 hours per semester at a second college of The University.

15.3. WORKLOAD FOR STAFF IN THE GRADUATE ASSISTANT TITLE SERIES:

Graduate students holding the title of Graduate Assistant A shall have an assignment of a maximum of 240 contact teaching hours or 450 hours of non-teaching assignments during the work year. Graduate students holding the title of Graduate Assistant B shall have an assignment of a maximum of 120 classroom teaching hours or 225 hours of non-teaching assignments in the B Title during the work year. If a Graduate Assistant B holds an adjunct or other hourly position, his or her total combined assignment may not exceed 240 contact teaching hours or 450 hours of non-teaching assignment during the work year. Graduate students holding the title Graduate Assistant C shall have an assignment of a maximum of 180 classroom teaching hours during the work year. If a Graduate Assistant C also holds an Adjunct teaching position, his or her total combined assignment may not exceed 270 contact teaching hours during the work year.

---

To be filled out by adjunct instructional staff member or Graduate Assistant:

NAME ___________________________ SEMESTER ________________ SPRING 2020 ________________

DEPARTMENT COLLEGE NOW ___________ TITLE(s) ________________ ADJUNCT LECTURER

List all courses being taught or non-teaching hours (including Graduate Assistant A, B and C assignments) assigned within The City University including Kingsborough Community College.

<table>
<thead>
<tr>
<th>College</th>
<th>Department</th>
<th>Course Title</th>
<th>Course/Section</th>
<th>Hours</th>
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I certify that I have read the above provisions and that I have not accepted and will not accept an assignment with any college or unit of CUNY that will exceed the contractual limitations, unless such limitations have been explicitly waived by CUNY and the PSC. I further certify that, if there are any changes in this information during the semester, I will submit an updated form to the Department Chair to reflect these changes.

Signature ___________________________ Date ________________

Review by Department Chair

I certify that I have reviewed this form and that it accurately reflects the course(s) and/or non-teaching hours assigned at this college.

Signature of Department Chair ___________________________ Date ________________

†Not to be completed by any person having a full-time instructional staff position.

OFSR 5/06
THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART THREE

CERTIFICATION OF NEW YORK STATE OR NEW YORK CITY PUBLIC SERVICE CERTIFICATION OF COLLECTION OF PUBLIC PENSION FUNDS

Under the New York State Retirement and Social Security Law, retirees collecting a pension from New York State or New York City cannot (with certain exceptions) work at the University and continue to collect their pension. Accordingly, The City University of New York requires individuals seeking University employment to disclose their public employment and pension plan history for the purpose of establishing eligibility for employment. An employee who fails to disclose such information will be subject to appropriate action, which may include disciplinary action to terminate their employment and/or suspension or diminution of the retiree's public pension benefits.

Note: Retirees who are under age 65 and are collecting a pension may receive an annual income of up to $30,000 (Thirty thousand only) in a position in public employment without diminution of their pension benefits.

1. Candidates for employment must submit this form at the time of hire, prior to any appointment
2. All full-time and part-time employees are responsible for submitting this form, should their status change
3. Adjuncts must submit this form every semester in which their employment continues

Last Name ___________________________ First Name ___________________________ Middle Initial __________

College ___________________________ Department ___________________________ College Now __________

Contract Title Adjunct Lecturer ___________ Full-time ______ Part-time ______

Current positions in Public Service Please check appropriate box:

☐ I am not currently working for another public service agency, organization, or jurisdiction funded by New York City or New York State, nor have I worked at any such entity during the calendar year.

☒ I am now working for another public service agency, organization, or jurisdiction funded by New York City or New York State

Name of Employer DOE: High School

☐ I am a statewide elected official of New York State

☐ I am a New York State Legislative employee

☐ I am a member of the New York State Legislature

☐ I am a New York State officer or employee (other than CUNY employee) and I receive compensation other than on a per diem basis

Prior positions in Public Service Please check appropriate box:

☒ I have no prior service with a public service agency, organization or jurisdiction funded by New York City or New York State

☐ I am former employee of ___________________________ of the City/State of New York, and

☐ I am collecting a retirement benefit from a public pension system (including ORP) maintained by the State or City of New York

Name of Pension Plan ___________________________

☒ I am not collecting retirement benefit based upon this public service

I hereby attest that the information I have provided above is correct to the best of my knowledge.

Signature ___________________________ Date __________

Office of Human Resources

Name ___________________________ Signature ___________________________ Date __________
THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART THREE

CERTIFICATION OF NEW YORK STATE OR NEW YORK CITY PUBLIC SERVICE
CERTIFICATION OF COLLECTION OF PUBLIC PENSION FUNDS

Under the New York State Retirement and Social Security Law, retirees collecting a pension from New York State or New York City cannot (with certain exceptions) work at the University and continue to collect their pension. Accordingly, The City University of New York requires individuals seeking University employment to disclose their public employment and pension plan history for the purpose of establishing eligibility for employment. An employee who fails to disclose such information will be subject to appropriate action, which may include disciplinary action to terminate their employment and/or suspension or diminution of the retiree’s public pension benefits.

Note: Retirees who are under age 65 and are collecting a pension may receive an annual income of up to $30,000 (Thirty thousand only) in a position in public employment without diminution of their pension benefits.

1. Candidates for employment must submit this form at the time of hire, prior to any appointment
2. All full-time and part-time employees are responsible for submitting this form, should their status change
3. Adjuncts must submit this form every semester in which their employment continues

Last Name ___________________________ First Name ___________________________ Middle Initial ___________________________

College ___________________________ Department ___________________________ College Now ___________________________

Contract Title ________ Adjunct Lecturer ________ Full-time ________ Part-time ________

☐ I am not currently working for another public service agency, organization, or jurisdiction funded by New York City or New York State, nor have I worked at any such entity during the calendar year

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☐ Name of Employer ___________________________

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☐ I am a New York State Legislative employee

Prior positions in Public Service (Please check appropriate box)

☐ I have no prior service with a public service agency, organization or jurisdiction funded by New York City or New York State

☐ I am former employee of __________ of the City/State of New York, and

☐ I am collecting a retirement benefit from a public pension system (including ORP) maintained by the State or City of New York

☐ Name of Pension Plan ________

☐ I am not collecting retirement benefit based upon this public service

I hereby attest that the information I have provided above is correct to the best of my knowledge

Signature ___________________________ Date ___________________________

Office of Human Resources

Name ___________________________ Signature ___________________________ Date ___________________________

(CUNY Certification of NYS/NYC Public Service Collection of Public Pension Funds Rev 1-22-15)
PAYROLL – MAIL AUTHORIZATION FORM
Kingsborough Community College

NAME ________________________________

XXX-XX-________
SOCIAL SECURITY #

ADDRESS ________________________________

City State Zip Code

Position: P/T CN Adjunct Faculty/Staff

This is to authorize that my payroll checks and/or payroll stubs be mailed to the above address. It is understood that the College assumes no responsibility for any check lost in the mail.

Envelopes should be addressed to you, using your name from your paycheck, and must include your return address which is required by the College. If you have them, use address labels!

Signature ________________________________ Date __________

I have included twelve (12) stamped, self-addressed envelopes with this form.

NOTE:

Payroll checks and/or payroll stubs will be mailed no later than the first working day AFTER the date of scheduled distribution. A list of payroll dates will be distributed to you. We cannot mail checks to your bank for deposit, BUT Direct Deposit is available. Direct Deposit participants must also include envelopes for paystubs. A return address must be on every submitted envelope.