

OFFICE OF FACULTY AND STAFF RELATIONS

300 JAY STREET • Namm 301  
BROOKLYN, NY 11201-1909  
718.260.5353 • Fax 718.260.5354

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**EMAIL REQUEST FORM FOR CITY TECH-AFFILIATED ENTITIES  
(POI)**

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**To Be Completed By Supervisor**

Department: \_\_\_\_\_

Proposed Title: \_\_\_\_\_

Full Time:  Part Time:

Email Activation Start Date: \_\_\_\_\_ Email De-Activation Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's E-mail: \_\_\_\_\_

**MUST SUBMIT Both Documents Below:**

State Issued Identification Card  Social Security Card

UPLOAD form and supporting documents to the secured link at:

<https://www.citytech.cuny.edu/secureupload/SecureUploads/Create?groupId=d66980ed-47ae-4206-9c12-ac92e82a1dd4>

By signing below, both parties agree that the use of the City Tech email account will be for college-related purposes only. Furthermore, it is understood that on the end date noted above, the email account will be de-activated.

Department Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

POI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFSR MEMBER COMPLETES**

**CUNYfirst Entry Date:** \_\_\_\_\_

**Employee ID Number:** \_\_\_\_\_

**OFSR Member Signature:** \_\_\_\_\_