

**THIS SIDE SHOULD BE COMPLETED ONLY IF YOU ARE A RETIREE OF  
A PUBLIC PENSION PLAN WITHIN THE STATE OR CITY OF NEW YORK**

THE CITY UNIVERSITY OF NEW YORK: FORM 210  
Certification of Prior NYS or NYC Public Service,  
Collection of Public Pension Funds

The New York State Retirement and Social Security Law requires retirees of a public pension plan within the State or City of New York to disclose prior public employment and pension plan history to The City University of New York for the purpose of establishing a retiree's eligibility for employment. Failure to disclose such information can result in the suspension or diminution of the retiree's public pension benefits.

**INSTRUCTIONS:** Please complete Sections A, B and C as they pertain to you, and then sign the bottom portion of the form.

**Section A**

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Name (last, first)	Position Applied for	College
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**Section B**      **Affidavit of Prior Service** (Please check the one which applies to you):

- 1) \_\_\_\_\_ I have no prior service with a public service agency, organization or jurisdiction funded by New York City or New York State;
  
- 2) \_\_\_\_\_ I am a former employee of \_\_\_\_\_ of the City/State of New York and:  
    \_\_\_\_\_ I am collecting a retirement benefit from a public pension system (including an ORP) maintained by the State or City of New York (*please provide pension plan name*) \_\_\_\_\_ ;  
    \_\_\_\_\_ I am not collecting a retirement benefit based upon this public service;

**Section C**      **Current Positions in Public Service** \_\_\_\_\_ (please check one of the following only if you checked #2 in Section B):

- 1) \_\_\_\_\_ 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;
  
- 2) \_\_\_\_\_ I am now working for, or have worked for during the calendar year, another public service agency, organization or jurisdiction funded by New York City or New York State (*please provide details of this employment*):

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

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

Witnessed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_