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

Name (last, first) _____________________________________________________________ Position Applied for ___________________________ College ___________________________

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):

   _______________________________________________________________________

   _______________________________________________________________________

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: __________________________