

THE CITY UNIVERSITY OF NEW YORK
ADJUNCT INSTRUCTIONAL STAFF AND GRADUATE ASSISTANT
WORKLOAD REPORTING FORM¹

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 state:

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 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 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:

LAST NAME _____ FIRST NAME _____ SEMESTER _____
DEPARTMENT _____ TITLE(S) _____

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

College Department Title Course/Section Hours

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

¹ Not to be completed by any person having a full-time instructional staff position.

**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

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*):

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: _____