



LaGUARDIA

COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

POI POSITION REQUEST INFORMATION SHEET

Name: _____
Last First Middle

Social Security #: _____ Department: _____

Effective Date of Hire: _____ Employee Status: FT PT

Appointment End Date: _____

Employee Type:

Other (College Association, Auxiliary or ECLC): _____

If none of the above apply (Intern, consultant, etc): _____

Date of Birth: _____ Gender: Female Male X

Ethnicity: _____

Highest Degree Earned: _____

Home Address: _____

_____ City State Zip County

Home Phone#: _____ Business Phone#: _____ Ext: _____

Business Email: _____ Reports To: _____

Approved By	Signature: _____	Date Approved
	Print Name: _____	

Approved By	Signature: _____	Date Approved
	Print Name: _____	