



LaGuardia Community College

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

Classified Civil Service (Part-Time) College Assistants, Tutors And Sign Language Interpreters Appointment Checklist

NAME: _____ TITLE: _____

DIVISION: _____ DEPARTMENT: _____

Please attach the following items to this checklist upon submission to the Human Resources Office E-407.

- | | HR Only |
|--|--------------------------|
| 1) CUNY Employment Application (Part I & II) | <input type="checkbox"/> |
| 2) (P) Social Security Card with signature for Payroll (bring original) | <input type="checkbox"/> |
| 3) (P) Residency Status for Tax Purpose Data Request Form | <input type="checkbox"/> |
| 4) (D) Recommendation for Appointment Form (RFA) | <input type="checkbox"/> |
| 5) (D) Justification Form (signed by the Supervisor, Chairperson and Dean) | <input type="checkbox"/> |
| College Assistant | <input type="checkbox"/> |
| Sign Language Interpreters | <input type="checkbox"/> |
| 6) Fingerprinting Instructions | <input type="checkbox"/> |
| 7) Bursar's Receipt (if Full-Time Student) | <input type="checkbox"/> |
| 8) Handbook/Receipt & Acknowledgement Form | <input type="checkbox"/> |
| 9) New Employee Tax Compliance Notification Sheet (Glacier) | <input type="checkbox"/> |
| 10) (P) Personal Data Form | <input type="checkbox"/> |
| Emergency Contact Information | <input type="checkbox"/> |
| (P) Statement of Citizenship | <input type="checkbox"/> |
| (P) Voluntary Self-Identification Form for Employees | <input type="checkbox"/> |
| (P) Veteran's Form | <input type="checkbox"/> |
| 11) I-9 Employment Eligibility Verification | <input type="checkbox"/> |
| Non-Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, process in Glacier) | <input type="checkbox"/> |
| 12) Voluntary Self-Identification of Disability | <input type="checkbox"/> |
| 13) (P) Federal Tax Form W-4 (must have signature) | <input type="checkbox"/> |
| 14) (P) State Tax Form NYSIT-2104 (must have signature) | <input type="checkbox"/> |
| 15) (E) Direct Deposit Authorization Agreement | <input type="checkbox"/> |
| 16) New Employee On-Boarding Orientation for IT Security | <input type="checkbox"/> |
| 17) Amended Constitutional Oath | <input type="checkbox"/> |
| 18) CUNY Employment Application (Part III) | <input type="checkbox"/> |
| 19) Report of External Employment for Classified Staff | <input type="checkbox"/> |
| 20) CUNY Employment Policies Checklist | <input type="checkbox"/> |
| 21) (E) College Assistants Health Insurance Benefits Informational Sheet | <input type="checkbox"/> |
| 22) (E) Issuance of ID Card Form (if applicant requires a CUNY ID) | <input type="checkbox"/> |

HR/Department Actions

- (P) Send Copy to Payroll
- (E) Give to Employee
- (D) Sent by Department