



Human Resource Services, Office of

2900 Bedford Ave. • Brooklyn, NY 11210  
TEL 718-951-5377 • FAX 718-951-4859 [www.brooklyn.cuny.edu/hr](http://www.brooklyn.cuny.edu/hr)

## Person of Interest (POI) HR Data Form

### General Instruction:

In accordance with CUNYFirst policy, non-tax levy employees (e.g. Research Foundation - RF) who are requesting access to CUNYFirst must **meet one of the following criteria** - *they supervise tax levy employees (e.g. college assistant), use the system to complete their job duties (e.g. student advising) or are in the system for a specific business reason.* Access will be granted only if one of the criteria is met and with authorizations from the employee's supervisor and the Department Head.

This form must be completed and returned to Human Resources (HR) 1223 Boylan Hall, before the request for access can be processed. Once the request is processed, the individual will be provided with **basic system access** – HR will notify the employee to claim his/her account. For additional access or access to advanced modules (e.g. Campus Solution for student records), please contact Brooklyn College Help Desk @ (718) 951– 4357 for instructions.

For system security, Supervisor/Department Head must indicate the 'Access End Date' and it should not be an open-ended date. The access start date is the date the form is processed and generally it is the same date the form is submitted assuming HR has all of the required information and documentation. When the access has expired, it can be renewed by submitting a renewal form. If system access is no longer required before it is expired, the supervisor/Department Head must notify HR and Help Desk immediately.

### Supervisor Authorization:

Access End Date: \_\_\_\_\_

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

\_\_\_\_\_  
Last, First Name (print) Department / Program Name

\_\_\_\_\_  
Business Email Business Phone

### Department Head Authorization:

*(Please sign again if supervisor is also Department Head.)*

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

\_\_\_\_\_  
Last, First Name (print) Department Name

GENERAL INFO	_____ Prefix _____ Last Name _____ First Name                      Middle Name
CONTACT INFORMATION	_____ Address _____ City                              State                              Zip Code (     )                              (     ) _____ Home Telephone                      Work Telephone _____ Email Address
PERSONAL INFO	_____ Social Security Number                      Date of Birth <b>Gender</b> <input type="checkbox"/> Female(F) <input type="checkbox"/> Male(M) <input type="checkbox"/> Transgender(T) <input type="checkbox"/> Non-binary(X) <input type="checkbox"/> A Gender Not Listed(L) <input type="checkbox"/> Not Specified(U) <input type="checkbox"/> Gender Nonconforming(G)
MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed
MILITARY STATUS	<input type="checkbox"/> Veteran – Vietnam <input type="checkbox"/> Veteran – other than Vietnam <input type="checkbox"/> No Service
ETHNICITY	Please check the category that is most appropriate to your background.* <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic (of any race) <input type="checkbox"/> Italian American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Native American or Pacific Islander
EDUCATIONAL DATA	<b>Highest Education Level: (Attach proof of degree)</b> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate

EMERGENCY CONTACT INFO	_____ First Name                              Last Name _____ Address _____ City                              State                              Zip Code (     )                              (     ) _____ Home Telephone #                      Work Telephone #
CUNYFIRST DATA	_____ Job Title _____ Begin Date*                              End Date* _____ Department _____ Supervisor's Name (Print)                      Signature/Date
PAYROLL INFO	Are you on the non-tax levy payroll (i.e. Grants, Research Foundation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you marked yes, please state which payroll you are on.
SUPERVISORY ROLE INFO	Will you have supervisory responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names of employees to be supervised: _____ _____
EMPLOYEE INFO	<b>Reasons for POI request</b> (systems requested and how they pertain to your job function): _____ _____ _____ _____ Employee Signature                              Date
FOR HUMAN RESOURCES USE ONLY	
	_____ POS #                              CUNYFIRST Entry By                              Date _____ CF Empl ID