

PERSON OF INTEREST (POI) RENEWAL FORM			
GENERAL INFORMATION	<p>_____</p> <p>Prefix</p> <hr/> <p>Last Name</p> <hr/> <p>First Name</p> <hr/> <p>Middle Name</p>	CONTACT INFORMATION	<p>_____</p> <p>Number, Street Apt#</p> <hr/> <p>City</p> <hr/> <p>State Zip Code</p> <hr/> <p>Home Telephone Work Telephone</p> <hr/> <p>Email Address</p>
CUNYFIRST DATA	<p>_____</p> <p>CUNYfirst EmplID</p> <hr/> <p>Job Title</p> <hr/> <p>Begin Date* End Date*</p> <hr/> <p>Department</p> <hr/> <p>Supervisor's Name (Print) * Signature*</p>	SUPERVISORY ROLE INFO	<p>Will this POI Have Supervisory Responsibilities?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, list names of employees to be supervised</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
EMPLOYEE INFO	<p>Reason for POI request (systems requested and how they pertain to your job function):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		<p>Are you on the non-tax levy payroll (i.e. Grants, Research Foundation)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, which payroll?</p> <hr/> <hr/>
	<p>Employee's Name (Print) * Signature*</p>		<div style="background-color: #cccccc; text-align: center; font-weight: bold; padding: 2px;">FOR HUMAN RESOURCES USE ONLY</div> <hr/> <p>POS# CUNYFIRST Entry By Date</p>

All information on this form is required for your request to be entered into CUNYFirst. You can fax the completed form to 212-650-3889 or submit to HR room 1502E.