The Multiple Position form is used for full-time instructional staff who are members of TIAA-CREF and who perform adjunct work at a college other than the one he/she is working full time. The purpose of this form is to ensure that full-time instructional staff members who are members of TIAA-CREF receive pension credit for all hours worked in both full-time and hourly instructional staff titles.

PROCEDURE

**Instructional staff member:**
- Completes form, returns original to college where he or she is working full time for verification; after verification sends copies to all other colleges where performing hourly work, preferably, within the (30) days of new appointment.

**College where instructional staff member is appointed full time:**
- College verifies TIAA-CREF membership status and signs form.
- Sends a copy to the internal payroll department and University Benefits office.

**College where hourly service is to be performed by instructional staff member:**
- Human Resource department reviews form to ensure accuracy.
- Sends copies to college payroll department.

**Payroll Department where hourly service is performed by instructional staff members:**
- Inputs the appropriate pay code on payroll system or follows normal procedures for payroll deductions.

**Instructional staff member:**
- Retains a copy and completes a new form if there are any subsequent appointments.
MULTIPLE POSITIONS (Members of TIAA-CREF)
FORM 102B

In order for full-time instructional staff members of TIAA-CREF to receive pension credit for all service in hourly instructional staff titles, this form MUST be completed.

Part A: To be completed by employee.

COLLEGE (name of college where appointed full time): ____________________________________

Credit for hours worked for CUNY must be established for all positions held at the campus where the instructional staff member has a fide time appointment, or any other CUNY campus, if applicable. This information must be updated when changes occur and may affect both employer and employee pension contributions.

1. (Print Name) ___________________________________, full-time title ___________________________________, acknowledge that I am required to submit the names of all CUNY colleges where I am employed. I further acknowledge that it is my responsibility to inform my current college of all subsequent appointments.

College: __________________________ Title_________________ Date Start_________________ Last Day ____________________

College: __________________________ Title_________________ Date Start_________________ Last Day ____________________

College: __________________________ Title_________________ Date Start_________________ Last Day ____________________

Date of Appointment into full-time Instructional Staff Title: ____/____/____

Employee Signature__________________________ Social Security # ___/___/___
________________________________________________________________________________________

Part B - To be completed by college where full time appointment is held.

I certify that the above named instructional staff member is a full time staff member and is an eligible member of TIAA-CREF.

Name: __________________________

Human Resources Representative

Print Name: ________________________ Date: ________________________

Original: Personnel file
Copies
1. University Benefits Office
2. Payroll
3. Employee

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