

The City University of New York



**University Benefits Office**

*Office of the Vice Chancellor for Faculty and Staff Relations*  
535 East 80 Street, New York, N.Y. 10021

**INSTRUCTIONS**

**MULTIPLE POSITIONS  
FORM (102B)**

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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 where 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.

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**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 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 to be performed by instructional staff member:**

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 full 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.***

I, (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**