



# LaGUARDIA COMMUNITY COLLEGE

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

## POI POSITION REQUEST INFORMATION SHEET

Name: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_ Department: \_\_\_\_\_

Effective Date of Hire: \_\_\_\_\_ Employee Status: FT PT

Appointment End Date: \_\_\_\_\_

### Employee Type:

Other (College Association, Auxiliary or ECLC): \_\_\_\_\_

If none of the above apply (Intern, consultant, etc): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female Male X

Ethnicity: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip County

Home Phone#: \_\_\_\_\_ Business Phone#: \_\_\_\_\_ Ext: \_\_\_\_\_

Business Email: \_\_\_\_\_ Reports To: \_\_\_\_\_

Approved By	Signature: _____	Date Approved
	Print Name: _____	

Approved By	Signature: _____	Date Approved
	Print Name: _____	