

PERSONNEL ACTION FORM

Employee I.D. # _____
(For RFCUNY use only)

Last _____ First _____ Middle Initial _____
Employee name as recored on Social Security card (and Visa where applicable)

RF Job Title (from PVN) _____ 4 Digit RF Job Code from PVN _____ Sponsor's Functional Title _____

Supervises Employees? Yes No PVN# _____ Immediate Supervisor _____

Bi-Wkly Work Schedule	Wk. 1	M	T	W	Th	F	Sa	Su		Wk. 2	M	T	W	Th	F	Sa	Su
Hours per day																	

Work Location

- Baruch City CUNY CAT CUNY SPH Hunter Lehman Queens Staten Island
- BMCC CN Jrnlsm CUNY Central CUNY SPS John Jay Macaulay Honors Queensborough York
- Bronx CUNY 311 CUNY Law Graduate Kingsborough Medgar Evers RFCO
- Brooklyn CUNY ASRC CUNY SLUS Hostos LaGuardia NYC College of Technology S&C Guttman

Employee's physical work location/campus if not the campus selected above _____

Action to be Taken

- New Hire (Attach new-hire paperwork from RFCUNY's website to avoid outdated forms and send together with this PAF to the Research Foundation)
- Leave of Absence: Type of Leave _____ Date Leave Began _____ Date Returned From Leave _____
- Other/Comments _____

Status of Position

Regular - These positions have a predefined work schedule and a predefined appointment period (usually more than 90 days).
 Temporary - Employees are employed on a full-time or part-time basis for one job only for a set duration of no more than 19 weeks in any 12-month period, have no substantial expectancy of continued employment and have been notified of this fact. These employees are not eligible for annual leave.
 On Call - Employees are employed for no more than 19 hours a week, working sporadically with no established pattern of regular continuing employment. They do not have a fixed schedule, are not required to be at or near the work site, can refuse an assignment when offered, and are only paid for hours actually worked. These employees are not eligible for annual leave.

Student Status <input type="checkbox"/> Undergrad <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Post Doc	Is employment contingent upon maintaining student status? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Graduate Research Assistant (GRA) appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proof of full-time matriculated status as a CUNY Doctoral student must be attached.
Visa Status <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> H1 B	
Other (specify) _____	

Is the employee also employed on CUNY or Tax Levy Payroll? Yes No If yes, a CUNY multiple positions authorization form must be attached.

Project #	Sub	Year	Title Code	Start Date mm/dd/yy	End Date mm/dd/yy	Rate of Pay	Bi-Weekly Hrs/P.P. <38=PT-B/GRA >39-69=PT-A >70=Full Time	Salary Encumbrance Salary plus fringe rate and MTA tax
						Salary		\$
						Hrly		

Employee Initials _____

*
 Project Director Signature _____ Print Name _____
 Authorized Signatory _____ Print Name _____
 Phone _____ Email _____
 Date _____ Date _____

*I understand that Research Foundation policy requires that employees utilize their accumulated leave within the period of their appointment. I agree that I will meet with the employee within 30 days of hire to schedule said leave. Should the employee fail to use their accumulated leave, regardless of reason, I understand that such other accounts that I or the college may have at the Research Foundation will be liable for any annual leave-related expenses that cannot be covered by the sponsor(s) on whose award(s) this employee is paid and that the Research Foundation will have no responsibility to cover the costs of such leave.

Acknowledgment of RFCUNY Employment Terms & Conditions

Please initial each statement in the space provided and complete the signature at the bottom of this page.

Initials _____

I am I am not appointed on another RFCUNY project concurrently. (See PAF page 1 if appointed concurrently.)

I certify that my scheduled hours for this appointment do not conflict with any other concurrent RFCUNY appointment or other appointment including a CUNY or Tax Levy position. I understand that any conflicts of this nature may result in the immediate termination of this or any subsequent appointments.

I accept the position and salary described above with the understanding that my appointment is subject to availability of funds. I understand that in this position, or any subsequent position, I am a hire of RFCUNY. I acknowledge that this Personnel Action Form is NOT a contract of appointment and that my appointment is not fixed for any period or term.

I understand that unless otherwise governed by terms of a collective bargaining agreement, all decisions respecting my appointment is at the sole discretion of RFCUNY.

I understand that if I am appointed in a position that is covered by a collective bargaining agreement between RFCUNY and the Professional Staff Congress which requires the payment of union dues or any agency fee, my failure or refusal to timely pay such union dues or agency fees may result in the termination of my appointment.

I understand that regular attendance is a requirement for all RFCUNY appointment and that I am subject to RFCUNY policies, procedures, rules and regulations.

I acknowledge that I have been informed that RFCUNY is an E-Verify Employer and that as a condition of my appointment my work authorization documents will be verified through the Social Security Administration and the Department of Homeland Security.

I acknowledge that I will use any annual leave earned within my appointment period before the end of my appointment. I will meet with my Principal Investigator within 30 days of the start of my appointment to discuss and schedule my annual leave.

I acknowledge that as a condition of appointment with RFCUNY, I must sign a disclosure notice and authorization for a background check. The background screening procedure applies to all prospective Full-Time and Part-Time A employees. Existing Full-Time and Part-Time A employees will be screened upon promotion or rehire after a break in service. It also applies to prospective Part-Time B and Graduate Research Assistant (GRA) employees in positions that have contact with vulnerable populations. A standard background check consists of a social security trace and a review of pertinent criminal history records and sexual offender registries. A consumer credit check is conducted only if the employee will have fiduciary or signatory authority over funds of \$10,000 or more. A motor vehicle search will be conducted only if the employee will be required to drive a vehicle during work hours. In addition, RFCUNY administers programs that are funded by the US Government, either directly or as pass-throughs. Pursuant to Executive Order 13224, new hires and rehires are checked against lists of restricted parties maintained by the US General Services Administration (GSA), US Office of Foreign Assets Control (OFAC), and the System for Award Management (SAM), among others, to determine their eligibility to receive federal funds through the Research Foundation. I understand that my appointment is contingent upon the outcome of these checks.

I acknowledge that if I am appointed on a project sponsored by the NYC Dept. of Ed., NYC HHC or any other project sponsor and am deemed by them to be ineligible to provide services under the project, I am subject to the immediate termination of my appointment and will not be entitled to receive any additional compensation.

I acknowledge that if my duties and responsibilities expose me to confidential, private or proprietary information, I agree to maintain such information in confidence and not to disclose it other than to RFCUNY employees or its agents who have a legitimate business need to know in accordance with the RFCUNY confidential information policy.

I acknowledge that where an appointment letter or Personnel Action Form makes my position contingent on the maintenance of graduate student status, suspension or loss of student status shall constitute sufficient cause for RFCUNY's suspension or termination of my appointment.

I acknowledged that I am I am not an active matriculated Full Time doctoral student in a CUNY bench science program (Biology, Biochemistry, Chemistry, and Physics) or the engineering program at City College.

I certify that my job duties and responsibilities do not involve childcare and/or day care.

I certify that my job duties and responsibilities do not involve chauffeuring and/ or security enforcement.

I acknowledge that I have received a copy of RF Policy No. 548, Combating Trafficking in Persons, and agree to its terms.

I acknowledge that I have received the "Notice of Employee Rights" under the "NYC Earned Safe & Sick Time Act (Paid Safe & Sick Leave Law)."

I acknowledge that I have received a copy of RF Policy No. 535, Drug Free Workplace, and agree to its terms.

I acknowledge that I have received a copy of RF Practice and Procedure concerning Confidential Information, and agree to its terms.

I acknowledge that I have received information under the "NYS Paid Family Leave Act" which includes the "Statement of Rights for Paid Family Leave, the Employee Opt-Out of Paid Family Leave Form, and the Paid Family Leave Filing Instructions."

I acknowledge that I have received a copy of the "Employee Rights under the Family and Medical Leave Act"

I acknowledge that I have received the "Stop Sexual Harassment Act Factsheet" under the "NYC Human Rights Law"

I have been given a copy of this PAF. (Employee Signature) _____ Date _____

PERSONAL DATA - NEW HIRE ONLY

Complete this form after you have accepted an offer of employment and after you have completed DHS Form I-9

Employee's Name _____
Last First M.I.

Legal Address* _____
Number Street Apt # City State Zip Code

*P.O box and school addresses cannot be accepted.

Mailing Address _____
Number Street Apt # City State Zip Code

Please provide your work address if living and working out of state.

Home Phone # _____ Business Phone # _____ Cell Phone # _____

Personal Email Address _____

Statistical Data

Date of Birth _____ Gender: Female Male

Additional Information

1. Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?

Yes No

2. Can you perform these essential functions of the position for which you are applying? If no, please explain on a separate sheet of paper.

Yes No

3. Are you legally eligible for employment in the United States?

Yes No

4. Have you ever been convicted of, pled guilty to, or "no contest" to:

Yes No (a) Felony

Yes No (b) Misdemeanor (If Yes, Check the appropriate jurisdiction below.)

State Court City Court Federal Court

Yes No (c) Traffic Violation (other than a minor violation*)

Yes No (d) Denied a Bond

If yes to any or all of the questions in section 4, you must explain, in detail, on a separate sheet of paper.

*Driving without a license, DWI, DUI, reckless, and 'hit and run' are not 'minor' violations.

Employee Signature (Please sign in ink) _____
Date

Note: All employees must complete both W-4 and IT-2104 (or IT-2104E). Students are not automatically exempt from paying taxes. Please read instructions on the withholding forms before forwarding to the Research Foundation, or contact the IRS for additional information. Non-Resident aliens should contact the Payroll Manager for any special tax considerations.



JOB DUTIES & QUALIFICATIONS

To Project Directors: Complete this form and submit with the new hire packet, re-hire paperwork, transfer or promotion information.

Employee's /Candidate's Name _____

Job Title _____

Project # _____ Project Director's Name _____

Is this project associated with DOE, NYS Education Department, NYC DOE, DYCD, or OPWDD (OMDD)? Yes No

- 1. Is this: A new hire? Yes No A re-hire after a 120 day or more break in service? Yes No A promotion? Yes No

2. Will this employee ever be required to drive a motor vehicle during work hours? Yes No If yes, please attach a copy of the employee's driver's license.

3. Will this employee have fiduciary or signatory authority over funds of \$10,000 or more? Yes No

List the 5 most essential tasks / duties / functions of this job.

- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Does the project for which this position is being considered

- 1. Involve contact, in any capacity, with children? Yes No 2. Involve contact, in any capacity, with LEP/ELL/ESL students? Yes No 3. Involve contact, in any capacity, with the elderly? Yes No 4. Involve contact, in any capacity, with the medically challenged? Yes No 5. Involve contact, in any capacity, with the disabled? Yes No 6. Involve contact, in any capacity, with individuals having a physical or mental condition, and Who are confined to a hospital, sanitarium, hospice, or other institution? Yes No 7. Involve handling or knowledge of sensitive personnel information? Yes No 8. Involve contact, in any capacity, with current or former prison inmates, parolees or probationers? Yes No 9. Involve contact, in any capacity, with any individual whose affairs are handled by a surrogate or court appointee? Yes No 10. Involve contact, in any capacity, use of, or access to, hazardous materials or drugs? Yes No

Qualifications Required _____

Project Director Signature _____

Employee / Candidate Signature _____

Date _____



APPLICATION FOR EMPLOYMENT

The Research Foundation of the City University of New York is an E-Verify, Equal Opportunity and Affirmative Action organization. It does not discriminate on the basis of gender, age, color, religion, national origin, creed, race, sexual orientation, alienage, citizenship, veteran status, disability, ethnic origin or marital status in its employment, personnel policies, or access to services and benefits. The personnel decisions regarding recruitment, selection, training, promotion, and compensation are made on the basis of bona fide, job related qualifications in all job categories.

Position You are Applying for _____		
Full Time	Part Time	# of hours per week _____
Date Available to begin work _____		
Are you under age 18?	No	Yes
If yes, attach working papers.		

Personal Information (please print or type)

Last Name _____ First _____ Middle _____

Phone: Home _____ Business _____ Mobile _____

Present Address _____ Apt. # _____

State _____ City _____ Zip _____

Have you ever been employed by the Research Foundation? From _____ To _____

Job Location _____ Job Title _____

When a relative or partner of a Research Foundation employee is being considered for employment with the Foundation, the relationship must be disclosed to the Foundation President or his/her designee. Are you a relative or partner of an active Research Foundation employee? Yes No If so, please list their name and work location below.

Name _____ Work Location or College _____

Employment Record (List most recent position first and account for all periods of unemployment.)

Instructional or professional research personnel may substitute conventional curriculum vitae for the 'Employment Record and Educational Background' sections of this application.

Firm's Name _____ Address _____

Dates Employed: From _____ To _____ Job Title _____

Type of Organization _____ Reason for Leaving _____

Describe Duties/Responsibilities _____

Immediate Supervisor: Title _____ Name _____ Phone # _____

May we contact the Supervisor? Yes No

Firm's Name _____ Address _____

Dates Employed: From _____ To _____ Job Title _____

Type of Organization _____ Reason for Leaving _____

Describe Duties/Responsibilities _____

Immediate Supervisor: Title _____ Name _____ Phone # _____

May we contact the Supervisor? Yes No

Firm's Name _____ Address _____

Dates Employed: From _____ To _____ Job Title _____

Type of Organization _____ Reason for Leaving _____

Describe Duties/Responsibilities _____

Immediate Supervisor: Title _____ Name _____ Phone # _____

May we contact the Supervisor? Yes No

Educational Background

Type of School	School Name, City & State	Resume Attached?		Degree or #/Credits
		Yes	No	
High School	Name _____ City _____ State _____	Yes	No	
College	Name _____ City _____ State _____	Yes	No	
Graduate	Name _____ City _____ State _____	Yes	No	
Business/Trade/Other	Name _____ City _____ State _____	Yes	No	Other _____

List Honors, Extra Curricular Activities, Publications, Licenses, Patents, and other information relevant to the position

Skills Applicable to the Position

1. Computer Knowledge (check all that apply) Word Excel Access Outlook Powerpoint
Other _____

2. Foreign Languages _____

3. Other skills applicable to the position _____

References (Include individuals familiar with your work ability. Do not include relatives.)

Name & Occupation	Address	Telephone #
1. _____	_____	_____
2. _____	_____	_____

Military Service Record

1. Have you ever served in the armed forces Yes No Dates of duty: From _____ To _____

2. If you are a disabled Veteran or a Vietnam Veteran and would like to be so identified under our Affirmative Action program, please indicate:

Disabled Veteran Vietnam Veteran Special Disabled Veteran Other Protected Veteran New Separated

Referred by Personnel Vacancy Notice School Newspaper Internet Career Search Veteran Agency

Employee _____ Other (specify) _____

Prior Employment

Are you a retired state or local employee, receiving a service retirement from NYCERS, NYCTRS, or other New York City or New York State Public Retirement System? Yes No

I have read and understand this application and certify that the information given is correct and complete to the best of my knowledge and that, unless I have specified otherwise, the Research Foundation is authorized to check my work and character references. I understand that if I falsify/omit information, I am subject to dismissal. I agree to work any shift and/or day(s) as assigned. I understand that employment may be contingent on a background check.

Applicant's Signature _____ Date _____

For Completion by Interviewer

Interview Date _____ Interviewer _____

Hired: Position Title _____ Starting Date _____ R.F. Account # - -

Project Title _____

Not hired: Reason _____

Project Director's Signature _____ Date _____

Interviewer's Signature _____ Date _____



SOCIAL SECURITY DECLARATION FORM

This form is to be filled out by employees who do not have their social security cards available at the time of hire. This form is not meant to satisfy the requirement for the Employment Eligibility Verification Form (I-9) and must not be used for that purpose.

Instructions

In order for the Research Foundation to properly credit your social security account with the Department of Health & Human Services, Social Security Administration, please fill in the following information.

Print your name as it appears on your Social Security Card.

Name _____

Print your Social Security Number as it appears on your Social Security Card.

Number ____ - ____ - ____

Signature _____

Date _____

To Apply for a New or Replacement Social Security Card

Visit your local Social Security Office, call 1-800-772-1213, or apply online at <https://www.ssa.gov/>.



VOLUNTARY SELF-IDENTIFICATION

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. This information is requested solely to meet record-keeping and affirmative action requirements under Executive Order 11246, as amended, Section 4202 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act.

This information will not become part of your employment application or, if applicable, your personnel file. When reported, data will not identify any specific individual and will be kept separate from all other personnel records.

If you choose not to self-identify your race/ethnicity, the federal government requires the Research Foundation to determine this information by visual survey and/or other available information.

Gender Male Female Nonbinary

Ethnic Group

- (H) Hispanic or Latino a person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino

If your answer was Not Hispanic or Latino, please indicate your Race.

- (W) White (not Hispanic or Latino) a person having origins in the original peoples of Europe, North Africa, or Middle East.
- (B) Black or African American (not Hispanic or Latino) a person having origins in any of the Black racial groups of Africa.
- (A) Asian (not Hispanic or Latino) a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- (P) Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- (N) American Indian or Alaskan Native (not Hispanic or Latino) a person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- (T) Two or More Races (not Hispanic or Latino)

Veteran Status

Check if any of the following are applicable.

- Vietnam Era Veteran: One who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was released discharged or released there from with other than a dishonorable discharge; or (2) was discharged or released from active duty for a service-connected disability if any part of which occurred between August 5, 1964, and May 7, 1975.
- Special Disabled Veteran A veteran who is entitled to compensation (or who but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the Secretary of Defense, or was discharged or released from active duty because of a service-connected disability.
- Other Protected Veteran: A veteran who served on active duty during a war, campaign or expedition for which a campaign badge has been authorized.
- Newly Separated Veteran Any veteran who was discharged or released from active duty within the past 3 years.
- I choose not to self-identify.

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY - FORM CC-305

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to hire and provide equal opportunity to qualified people with disabilities. ¹To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder (OCD)
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

Name

Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

OMB Control Number 1250-0005

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

Public Burden Statement: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



DISCLOSURE REGARDING EMPLOYMENT BACKGROUND REPORT

The Research Foundation City University of New York (RFCUNY) may obtain from Sterling Infosystems, Inc. ("STERLING"), 1 State Street, New York, NY 10004, (877) 424-2457, www.sterlinginfosystems.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your employment or employment application. If you are hired, to the extent permitted by law, RFCUNY may obtain from STERLING further reports throughout your employment for an employment purpose without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

AUTHORIZATION TO OBTAIN EMPLOYMENT BACKGROUND REPORT

I have read the Disclosure Regarding Employment Background Report provided by the Research Foundation City University of New York (RFCUNY) and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING"), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, www.sterlinginfosystems.com, of background reports regarding me and the release of such reports to RFCUNY and its designated representatives, to assist RFCUNY in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or RFCUNY itself, and authorize STERLING to provide such information to RFCUNY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Signature

Today's Date



STATE LAW NOTICES RELATING TO YOUR BACKGROUND REPORT

Washington State Applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California, Massachusetts, Minnesota, New Jersey and Oklahoma Applicants Only: Please check the box to the left if you would like a free copy of any REPORT obtained by COMPANY from Sterling.

New York Applicants Only: By signing the authorization, you acknowledge that you have received a copy of New York Correction Law Article 23-A. You have the right, upon written request, to be informed whether an investigative consumer REPORT was requested. If such a REPORT was requested, you will be provided with the name and address of the consumer reporting agency that prepared the REPORT and you can contact that agency to inspect or receive a copy of the REPORT.



CALIFORNIA DISCLOSURE REGARDING EMPLOYMENT BACKGROUND REPORT

The Research Foundation City University of New York (RFCUNY) may obtain from Sterling Infosystems, Inc. ("STERLING"), 1 State Street, New York, NY 10004, (877) 424-2457, www.sterlinginfosystems.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your employment or employment application for employment purposes. If you are hired, to the extent permitted by law, COMPANY may obtain from STERLING further REPORTS throughout your employment for an employment purpose without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

You may inspect STERLING's files concerning you during normal business hours and upon reasonable notice. You can inspect the files at STERLING's offices if you furnish proper identification, and you can obtain a copy by paying duplication costs. One other person can accompany you if he or she furnishes reasonable identification. You can also obtain a copy of your files by sending STERLING at the address listed above a written request, including proper identification, by certified mail. STERLING will give you a summary of the information in the files by telephone if you submit a written request including proper identification. STERLING has trained personnel who can explain the information furnished to you, and can provide a written explanation of any coded information contained in your files. "Proper identification" includes documents such as a valid driver's license, Social Security card, military identification card or credit card. If necessary, STERLING may request additional information about your employment and personal or family history to verify your identity.

NEW YORK CORRECTION LAW

ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section	750. Definitions.
	751. Applicability.
	752. Unfair discrimination against persons previously convicted of one or more
	criminal offenses prohibited.
	753. Factors to be considered concerning a previous criminal conviction; presumption.
	754. Written statement upon denial of license or employment.
	755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local

department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person

was convicted has a direct bearing on his fitness or ability to perform one or more of the

duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or

educational training. Provided, however, that "employment" shall not, for the purposes of

of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more

criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon,

certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be

construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of

"good moral character" when such finding is based upon the fact that the individual has

previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses

and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses. (e) The age of the person at the time of occurrence of the criminal offense or offenses. (f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall

provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be

enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

Summary of Your Rights under California Civil Code 1786.22

An investigative consumer reporting agency ("Agency") will supply files and information that you have a right to inspect during normal business hours and on reasonable notice. All files that SterlingBackcheck maintains on you will be made available for your visible inspection, as follows:

- In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual costs of copying.
- By certified mail, if you make a written request to, with proper identification, for copies to be sent to a specified address. However, agencies complying with a request for such a mailing will not be liable for disclosures to third parties caused by mishandling of mail after it leaves the Agency.
 - A summary of all information contained in your file and required to be provided to you under the California Civil code will be provided by telephone, if you have made a written request, with proper identification.
- "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the Agency require additional information concerning your employment and personal or family history in order to verify his identity.
 - The Agency will provide trained personnel to explain any information furnished to you pursuant to Civil Code 1786.10. The Agency will provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.
- You may be accompanied by one other person of your choice when you come to inspect your file. This person must furnish reasonable identification. The Agency may require you to furnish a written statement granting permission to the Agency to discuss your file in your companion's presence.

Resumen de sus derechos bajo el Código Civil de California 1786.22

Una agencia de informes de investigación de consumidores ("Agencia") proporcionará archivos e información que usted tiene derecho a inspeccionar durante el horario comercial normal y con un aviso razonable. Todos los archivos que SterlingBackcheck mantenga acerca de usted serán puestos a su disposición para inspección visual, como sigue:

- En persona, si usted comparece en persona y proporciona la identificación apropiada. Se pondrá asimismo a disposición suya una copia del informe por un costo no superior al costo efectivo de hacer las copias.
- Por correo certificado, si usted efectúa una solicitud escrita, con identificación apropiada, para que se envíen copias a una dirección especificada. No obstante, las agencias que cumplan con una solicitud de tal tipo de envío por correo no serán responsables de las divulgaciones a terceros causadas por un manejo inapropiado del correo una vez que salga de la Agencia.
- Se proporcionará por teléfono un resumen de toda la información contenida en su archivo y que se requiera que sea proporcionada en virtud del Código Civil de California, si usted efectúa una solicitud escrita, con identificación apropiada.
- El término "Identificación apropiada" incluye documentos tales como una licencia válida para manejar, número de cuenta del Seguro Social, tarjeta de identificación militar, y tarjetas de crédito. Únicamente si usted no puede identificarse con tal información la Agencia podrá requerir información adicional en relación con su empleo e historial personal o familiar para verificar su identidad.
- La Agencia proporcionará personal capacitado para explicar cualquier información proporcionada a usted de conformidad con el Código Civil 1786.10. La Agencia proporcionará una explicación escrita de cualquier información codificada contenida en su archivo. Esta explicación escrita será distribuida siempre que un archivo le sea proporcionado a usted para inspección visual.
 - Usted puede estar acompañado por otra persona de su elección cuando venga a inspeccionar su archivo. Esta persona debe proporcionar una identificación razonable. La Agencia puede requerir que usted proporcione una declaración escrita concediendo permiso a la Agencia para hablar de su archivo en presencia de la persona que le acompañe.

Description of Your Rights under the New Jersey Fair Credit Reporting Act

The New Jersey Fair Credit Reporting Act is modeled after the federal Fair Credit Reporting Act and provides you with many of the same rights. You have received A Summary of Your Rights Under the Fair Credit Reporting Act.

New Jersey Consumers Have the Right to Obtain a Security Freeze

You may obtain a security freeze on your credit report to protect your privacy and ensure that credit is not granted in your name without your knowledge. You have a right to place a "security freeze" on your credit report pursuant to New Jersey law.

The security freeze will prohibit a consumer reporting agency from releasing any information in your credit report without your express authorization or approval.

The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. When you place a security freeze on your credit report, within five business days you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or to temporarily authorize the release of your credit report for a specific party, parties or period of time after the freeze is in place. To provide that authorization, you must contact the consumer reporting agency and provide all of the following:

- (i) The unique personal identification number or password provided by the consumer reporting agency;
- (ii) Proper identification to verify your identity; and
- (iii) The proper information regarding the third party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report.

A consumer reporting agency that receives a request from a consumer to lift temporarily a freeze on a credit report shall comply with the request no later than three business days or less, as provided by regulation, after receiving the request.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your own applications for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, a few days before actually applying for new credit.

You have a right to bring a civil action against someone who violates your rights under the credit reporting laws. The action can be brought against a consumer reporting agency or a user of your credit report.

(2) If a consumer requests information about a security freeze, he shall be provided with the notice provided in paragraph (1) of this subsection and with any other information, as prescribed by the director by regulation, about how to place, temporarily lift and permanently lift a security freeze.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

Para obtener información en español, visite www.consumerfinance.gov/learnmore o escriba a: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

Un resumen de sus derechos en virtud de la Ley de Informe Justo de Crédito

La Ley de Informe Justo de Crédito (Fair Credit Reporting Act, FCRA), una ley federal, fomenta la exactitud, imparcialidad y privacidad de la información en los archivos de las agencias de informe del consumidor. Existen muchos tipos de agencias de informe del consumidor, incluidas las agencias de crédito (credit bureaus) y las agencias especializadas (como las agencias que venden información sobre el historial de extensión de cheques, registros médicos y registros de historial de alquiler). A continuación se presenta un resumen de sus principales derechos en virtud de la FCRA. **Para obtener más información, incluyendo información sobre derechos adicionales, visite www.consumerfinance.gov/learnmore o escriba a: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **Deben notificarle si la información contenida en su archivo se ha utilizado en su contra.** Todo aquel que utilice un informe de crédito u otro tipo de informe de consumidor para denegar su solicitud de crédito, seguro o empleo, o para emprender otra acción adversa en su contra, debe informarle y debe darle el nombre, la dirección y el número de teléfono de la agencia que proporcionó esa información.
- **Usted tiene derecho a saber lo que contiene su archivo.** Usted puede solicitar y obtener toda la información registrada bajo su nombre en los archivos de una agencia de informe del consumidor (divulgación de su información). Usted deberá proporcionar una prueba de su identidad, que puede incluir su número de Seguro Social. En muchos casos, la divulgación de la información de su archivo será gratuita. Usted tiene derecho a recibir una copia gratuita de su archivo si:
 - Una persona ha emprendido una acción adversa en su contra debido a la información contenida en su informe de crédito.
 - Usted es víctima de un robo de identidad y coloca una alerta de fraude en su archivo.
 - Su archivo contiene información inexacta como resultado de fraude.
 - Usted recibe asistencia pública.
 - Usted no está empleado pero prevé solicitar empleo en un plazo de 60 días.

Asimismo, todos los consumidores tendrán derecho a recibir una copia gratuita de la información registrada en su archivo cada 12 meses si así se lo solicitan a cada agencia de crédito a nivel nacional y a las agencias especializadas de informe del consumidor a nivel nacional. Para obtener más información, visite www.consumerfinance.gov/learnmore.

- **Usted tiene derecho a pedir su puntaje de crédito.** Los puntajes de crédito son resúmenes numéricos de su solvencia de crédito basados en la información de las agencias de crédito. Usted puede solicitar su puntaje de crédito a las agencias de informe del consumidor que generan o distribuyen los puntajes utilizados en préstamos de bienes raíces residenciales, pero tendrá que pagar un cargo. En algunas transacciones hipotecarias, el prestamista le dará información sobre su puntaje de crédito gratuitamente.

- **Usted tiene derecho a impugnar la información incompleta o inexacta.** Si usted identifica información en su archivo que es incompleta o inexacta, y la reporta a la agencia de informe del consumidor, la agencia debe investigar, a menos que su impugnación sea frívola. Para consultar una explicación sobre los procedimientos de impugnación, visite www.consumerfinance.gov/learnmore.
- **Las agencias de informe del consumidor deben corregir o eliminar la información inexacta, incompleta o no verificable.** La información inexacta, incompleta o no verificable debe ser eliminada o corregida, por lo general en un plazo de 30 días. No obstante, si una agencia de informe del consumidor verifica la exactitud de la información, puede seguir reportándola.
- **Las agencias de informe del consumidor no pueden reportar información negativa desactualizada.** En la mayoría de los casos, una agencia de informe del consumidor no puede reportar información negativa ocurrida hace más de siete años, ni quiebras ocurridas hace más de 10 años.
- **El acceso a su archivo es limitado.** Una agencia de informe del consumidor puede proporcionar información sobre usted solamente a aquellas personas que realmente la necesiten — generalmente para considerar una solicitud presentada por usted ante un acreedor, asegurador, empleador, propietario de una vivienda en alquiler u otro negocio. La FCRA especifica quiénes son las personas que tienen una necesidad válida de acceso.
- **Usted debe otorgar su consentimiento para que se envíen sus informes a los empleadores.** Una agencia de informe del consumidor no puede darle información sobre usted a su empleador, ni a un posible empleador sin su consentimiento escrito a nombre del empleador. Por lo general, el consentimiento escrito no es requerido en la industria del transporte de carga por camión. Para obtener más información, visite www.consumerfinance.gov/learnmore.
- **Usted puede limitar las ofertas "pre-evaluadas" de crédito y seguro que recibe y que están basadas en la información de su informe de crédito.** Las ofertas "pre-evaluadas" de crédito y seguro no solicitadas deben incluir un número de teléfono gratuito al que usted puede llamar si desea eliminar su nombre y dirección de las listas en las que se basan estas ofertas. Puede solicitar su exclusión voluntaria de estas listas llamando a las agencias de crédito a nivel nacional al 1-888-5-OPTOUT (1-888-567-8688).
- El siguiente derecho, en virtud de la FCRA, se aplica a las agencias de informe del consumidor a nivel nacional:

LOS CONSUMIDORES TIENEN EL DERECHO A OBTENER UNA SUSPENSIÓN POR SEGURIDAD

Usted tiene derecho a colocar un "congelamiento de seguridad" en su informe de crédito, la misma que prohíbe a las agencias de informe del consumidor, a entregar información sobre su informe de crédito sin su autorización expresa. El congelamiento de seguridad está diseñado para evitar que créditos, préstamos y servicios se aprueben en su nombre sin su consentimiento. Sin embargo, usted debe saber que colocar un congelamiento de seguridad para controlar el acceso a la información personal y financiera en su informe de crédito podría retrasar, interferir o

bloquear la aprobación a tiempo de peticiones o solicitudes posteriores que usted haga con respecto a un nuevo préstamo, crédito, hipoteca o cualquier otra transacción para obtener un crédito.

Como alternativa a un congelamiento de seguridad, usted tiene derecho a colocar una alerta de fraude inicial o extendida en su archivo de crédito sin costo alguno. Una alerta de fraude inicial es un aviso que se coloca en el archivo de crédito del consumidor por un (1) año. Cuando una alerta de fraude se despliega en el archivo de crédito del consumidor, la empresa está obligada a tomar medidas para verificar la identidad de dicho consumidor, antes de concederle un crédito. Si usted es una víctima del robo de identidad, usted tiene derecho a colocar una alerta de fraude extendida, que es un aviso de fraude que dura 7 años.

El congelamiento de seguridad no es aplicable a personas o entidades, ni a las subsidiarias o agencias de cobranza que actúen en nombre de dichas personas o entidades, con las cuales usted ya tiene una cuenta y que solicitan información sobre su informe de crédito con el fin de cobrarle o revisar su cuenta. Revisar una cuenta significa realizar ciertas actividades como el mantenimiento, vigilancia, actualizaciones, mejoras y aumentos a la línea de crédito de dicha cuenta.

- **Usted puede obtener compensación de los infractores.** Si una agencia de informe del consumidor o, en algunos casos, un usuario de informe del consumidor, o un proveedor de información de una agencia de informe del consumidor infringe la FCRA, usted puede demandarlo ante una corte estatal o federal.
- **Las víctimas del robo de identidad y el personal militar en servicio activo tienen derechos adicionales.** Para obtener más información, visite www.consumerfinance.gov/learnmore.

Los estados tienen autoridad para hacer cumplir la FCRA, y muchos estados tienen su propia legislación sobre los informes de los consumidores. En algunos casos, usted puede tener más derechos en virtud de la ley estatal. Para obtener más información, comuníquese con su agencia estatal o local de protección del consumidor o con el Fiscal General estatal. Para obtener información sobre sus derechos federales, establezca contacto con:

TIPO DE NEGOCIO:	ESTABLEZCA CONTACTO CON:
<p>1.a. Bancos, asociaciones de ahorro y cooperativas de crédito con activos totales de más de \$10 mil millones de dólares y sus filiales</p> <p>b. Dichas filiales que no sean bancos, asociaciones de ahorro o cooperativas de crédito también deben listar, además del CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

<p>2. En la medida en que no estén comprendidos en el punto 1 anterior:</p> <p>a. Bancos nacionales, asociaciones de ahorro federales y sucursales federales y agencias federales de bancos extranjeros</p> <p>b. Bancos miembros del estado, sucursales y agencias de bancos extranjeros (que no sean sucursales federales, agencias federales, o Sucursales Estatales Aseguradas de Bancos Extranjeros), compañías de préstamos comerciales de propiedad o controladas por bancos extranjeros y las organizaciones que operan bajo la sección 25 o 25A de la Ley de la Reserva Federal (Federal Reserve Act)</p> <p>c. Bancos Asegurados No Miembros, Sucursales Estatales Aseguradas de Bancos Extranjeros y asociaciones de ahorros estatales aseguradas</p> <p>d. Cooperativas Federales de Crédito</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Compañías aéreas</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Acreedores sujetos a la Junta de Transporte Terrestre (Surface Transportation Board)</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Acreedores sujetos a la Ley de Empacadores y Corrales Ganaderos de 1921 (Packers and Stockyards Act, 1921)</p>	<p>Supervisor de la oficina más cercana de la Packers and Stockyards Administration</p>
<p>6. Compañías de Inversión en Pequeños Negocios</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Agentes y Distribuidores</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Bancos Agrícolas Federales, Asociaciones de Bancos Agrícolas Federales, Bancos Federales de Crédito Intermedio y Asociaciones de Crédito a la Producción</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Minoristas, Compañías Financieras y todos los demás acreedores no indicados anteriormente</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

Remedying the Effects of Identity Theft

You are receiving this information because you have notified a consumer reporting agency that you believe that you are a victim of identity theft. Identity theft occurs when someone uses your name, Social Security number, date of birth, or other identifying information, without authority, to commit fraud. For example, someone may have committed identity theft by using your personal information to open a credit card account or get a loan in your name. For more information, visit www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The Fair Credit Reporting Act (FCRA) gives you specific rights when you are, or believe that you are, the victim of identity theft. Here is a brief summary of the rights designed to help you recover from identity theft.

- 1. You have the right to ask that nationwide consumer reporting agencies place “fraud alerts” in your file to let potential creditors and others know that you may be a victim of identity theft.** A fraud alert can make it more difficult for someone to get credit in your name because it tells creditors to follow certain procedures to protect you. It also may delay your ability to obtain credit. You may place a fraud alert in your file by calling just one of the three nationwide consumer reporting agencies. As soon as that agency processes your fraud alert, it will notify the other two, which then also must place fraud alerts in your file.
 - Equifax: 1-800-525-6285; www.equifax.com
 - Experian: 1-888-397-3742; www.experian.com
 - TransUnion: 1-800-680-7289; www.transunion.com

An initial fraud alert stays in your file for at least one year. An extended alert stays in your file for seven years. To place either of these alerts, a consumer reporting agency will require you to provide appropriate proof of your identity, which may include your Social Security number. If you ask for an extended alert, you will have to provide an identity theft report. An identity theft report includes a copy of a report you have filed with a federal, state, or local law enforcement agency, and additional information a consumer reporting agency may require you to submit. For more detailed information about the identity theft report, visit www.consumerfinance.gov/learnmore.

- 2. You have the right to free copies of the information in your file (your “file disclosure”).** An initial fraud alert entitles you to a copy of all the information in your file at each of the three nationwide agencies, and an extended alert entitles you to two free file disclosures in a 12-month period following the placing of the alert. These additional disclosures may help you detect signs of fraud, for example, whether fraudulent accounts have been opened in your name or whether someone has reported a change in your address. Once a year, you also have the right to a free copy of the information in your file at any consumer reporting agency, if you believe it has inaccurate information due to fraud, such as identity theft. You also

have the ability to obtain additional free file disclosures under other provisions of the FCRA. See www.consumerfinance.gov/learnmore.

3. **You have the right to obtain documents relating to fraudulent transactions made or accounts opened using your personal information.** A creditor or other business must give you copies of applications and other business records relating to transactions and accounts that resulted from the theft of your identity, if you ask for them in writing. A business may ask you for proof of your identity, a police report, and an affidavit before giving you the documents. It may also specify an address for you to send your request. Under certain circumstances a business can refuse to provide you with these documents. See www.consumerfinance.gov/learnmore.
4. **You have the right to obtain information from a debt collector.** If you ask, a debt collector must provide you with certain information about the debt you believe was incurred in your name by an identity thief – like the name of the creditor and the amount of the debt.
5. **If you believe information in your file results from identity theft, you have the right to ask that a consumer reporting agency block that information from your file.** An identity thief may run up bills in your name and not pay them. Information about the unpaid bills may appear on your consumer report. Should you decide to ask a consumer reporting agency to block the reporting of this information, you must identify the information to block, and provide the consumer reporting agency with proof of your identity and a copy of your identity theft report. The consumer reporting agency can refuse or cancel your request for a block if, for example, you don't provide the necessary documentation, or where the block results from an error or a material misrepresentation of fact made by you. If the agency declines or rescinds the block, it must notify you. Once a debt resulting from identity theft has been blocked, a person or business with notice of the block may not sell, transfer, or place the debt for collection.
6. **You also may prevent businesses from reporting information about you to consumer reporting agencies if you believe the information is a result of identity theft.** To do so, you must send your request to the address specified by the business that reports the information to the consumer reporting agency. The business will expect you to identify what information you do not want reported and to provide an identity theft report.
7. The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely

approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

To learn more about identity theft and how to deal with its consequences, visit www.consumerfinance.gov/learnmore, or write to the Consumer Financial Protection Bureau. You may have additional rights under state law. For more information, contact your local consumer protection agency or your state Attorney General.

In addition to the new rights and procedures to help consumers deal with the effects of identity theft, the FCRA has many other important consumer protections. They are described in more detail at www.consumerfinance.gov/learnmore.

Para obtener información en español, visite www.consumerfinance.gov/learnmore o escriba a: Consumer Financial Protection Bureau, 1700 G Street N.W, Washington, DC 20552

Remediando los efectos del robo de identidad

Le estamos enviando esta información porque usted le ha notificado a una agencia de informe del consumidor que cree que es víctima de un robo de identidad. Un robo de identidad se produce cuando alguien utiliza su nombre, número de Seguro Social, fecha de nacimiento u otra información de identificación sin su autorización para cometer fraude. Por ejemplo, alguien puede haber cometido un robo de identidad utilizando su información personal para abrir una cuenta de tarjeta de crédito u obtener un préstamo en su nombre. Para obtener más información, visite www.consumerfinance.gov/learnmore o escriba a: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

La Ley de Informe Justo de Crédito (Fair Credit Reporting Act, FCRA) le concede derechos específicos cuando usted es o cree ser una víctima del robo de identidad. A continuación se presenta un resumen de los derechos que le pueden ayudar a recuperarse de un robo de identidad.

1. **Usted tiene derecho a pedir que las agencias de informe del consumidor a nivel nacional coloquen "alertas de fraude" en su archivo para hacer saber a posibles acreedores y otras personas que usted puede ser una víctima de robo de identidad.** Una alerta de fraude puede dificultar que alguien obtenga crédito en su nombre porque le indica a los acreedores que deben seguir ciertos procedimientos para protegerlo a usted. También puede demorar su capacidad de obtener crédito. Usted puede colocar una alerta de fraude en su archivo llamando a una de las tres agencias de informe del consumidor a nivel nacional. En cuanto la agencia procese su alerta de fraude, le notificará a las otras dos, que también deben colocar alertas de fraude en sus respectivos archivos.

- Equifax: 1-800-525-6285; www.equifax.com
- Experian: 1-888-397-3742; www.experian.com
- TransUnion: 1-800-680-7289; www.transunion.com

Una alerta de fraude inicial permanecerá en su archivo por al menos un año. Una alerta de fraude extendida permanecerá en su archivo por siete años. Para colocar una de estas alertas, una agencia de informe del consumidor necesitará que usted le proporcione una prueba de identidad adecuada, que puede incluir su número de Seguro Social. Si solicita una alerta extendida, tendrá que proporcionar un reporte de robo de identidad. Un reporte de robo de identidad incluye una copia de la denuncia que usted haya presentado ante una agencia de seguridad federal, estatal o local, y también, la información adicional que le pueda requerir una agencia de informe del consumidor. Para obtener información más detallada acerca del reporte de robo de identidad, visite www.consumerfinance.gov/learnmore.

2. **Usted tiene derecho a obtener copias gratuitas de la información contenida en su archivo (divulgación de su información).** Una alerta de fraude inicial le da derecho a recibir una copia de toda la información registrada bajo su nombre en cada una de las tres

agencias a nivel nacional; una alerta extendida le da derecho a obtener dos copias gratuitas de su archivo durante un periodo de 12 meses después de la colocación de la alerta. Esta información adicional puede ayudarle a detectar indicios de fraude, por ejemplo, si se han abierto cuentas fraudulentas en su nombre o si alguien ha informado sobre un cambio de su dirección. Si usted cree que su archivo contiene información inexacta debido a un fraude, por ejemplo un robo de identidad, usted también tiene derecho a recibir una copia gratuita de su informe una vez al año de parte de cualquiera de las agencias de informe del consumidor. Usted también puede obtener copias adicionales gratuitas de su archivo en virtud de otras disposiciones de la FCRA. Visite www.consumerfinance.gov/learnmore.

3. **Usted tiene derecho a obtener documentos relacionados con transacciones fraudulentas realizadas o con cuentas abiertas utilizando su información personal.** Si lo solicita por escrito, un acreedor u otro negocio debe entregarle copias de las solicitudes y otros registros comerciales relacionados con las transacciones y cuentas que resultaron del robo de su identidad. Antes de entregarle los documentos, un negocio puede pedirle una prueba de su identidad, una denuncia policial y una declaración jurada. El negocio también puede especificar una dirección a la cual usted debe enviar su solicitud. En ciertas circunstancias, un negocio puede negarse a entregarle tales documentos. Lea más en www.consumerfinance.gov/learnmore.
4. **Usted tiene derecho a obtener información de un cobrador de deudas.** Si usted lo solicita, un cobrador de deudas debe proporcionarle cierta información sobre la deuda que usted considere que se contrajo en su nombre debido a un robo de identidad — por ejemplo, el nombre del acreedor y la cantidad de la deuda.
5. **Si usted cree que la información contenida en su archivo es el resultado de un robo de identidad, tiene derecho a pedir que una agencia de informe del consumidor bloquee esa información en su archivo.** Un ladrón de identidad puede generar facturas en su nombre y no pagarlas. La información sobre las facturas impagas puede aparecer en su archivo. Si decide pedirle a una agencia de informe del consumidor que establezca un bloqueo para impedir que se reporte este tipo de información, usted debe identificar la información que desea bloquear y debe proporcionarle a la agencia una prueba de su identidad y una copia de su reporte de robo de identidad. La agencia de informe del consumidor puede denegar o cancelar su solicitud de bloqueo si, por ejemplo, usted no proporciona la documentación necesaria, o si el bloqueo fue el resultado de un error o de su falsa representación de los hechos. Si la agencia deniega o anula el bloqueo de la información, debe notificárselo. Una vez que se haya bloqueado una deuda que resultó de un robo de identidad, una persona o negocio que haya recibido un aviso del bloqueo no puede vender ni transferir la deuda, ni asignarla para su cobro.
6. **Usted también puede evitar que los negocios reporten información sobre usted a agencias de informe del consumidor si considera que la información es el resultado de un robo de identidad.** Para ello, usted debe enviar su solicitud a la dirección especificada por el negocio que le reporta la información a la agencia de informe del consumidor. El negocio espera que identifique cuál es la información que usted no desea que se reporte y que proporcione un reporte de robo de identidad.

7. El siguiente derecho, en virtud de la FCRA, se aplica a las agencias de informe del consumidor a nivel nacional:

LOS CONSUMIDORES TIENEN EL DERECHO A OBTENER UNA SUSPENSIÓN POR SEGURIDAD

Usted tiene derecho a colocar un "congelamiento de seguridad" en su informe de crédito, la misma que prohíbe a las agencias de informe del consumidor, a entregar información sobre su informe de crédito sin su autorización expresa. El congelamiento de seguridad está diseñado para evitar que créditos, préstamos y servicios se aprueben en su nombre sin su consentimiento. Sin embargo, usted debe saber que colocar un congelamiento de seguridad para controlar el acceso a la información personal y financiera en su informe de crédito podría retrasar, interferir o bloquear la aprobación a tiempo de peticiones o solicitudes posteriores que usted haga con respecto a un nuevo préstamo, crédito, hipoteca o cualquier otra transacción para obtener un crédito.

Como alternativa a un congelamiento de seguridad, usted tiene derecho a colocar una alerta de fraude inicial o extendida en su archivo de crédito sin costo alguno. Una alerta de fraude inicial es un aviso que se coloca en el archivo de crédito del consumidor por un (1) año. Cuando una alerta de fraude se despliega en el archivo de crédito del consumidor, la empresa está obligada a tomar medidas para verificar la identidad de dicho consumidor, antes de concederle un crédito. Si usted es una víctima del robo de identidad, usted tiene derecho a colocar una alerta de fraude extendida, que es un aviso de fraude que dura 7 años.

El congelamiento de seguridad no es aplicable a personas o entidades, ni a las subsidiarias o agencias de cobranza que actúen en nombre de dichas personas o entidades, con las cuales usted ya tiene una cuenta y que solicitan información sobre su informe de crédito con el fin de cobrarle o revisar su cuenta. Revisar una cuenta significa realizar ciertas actividades como el mantenimiento, vigilancia, actualizaciones, mejoras y aumentos a la línea de crédito de dicha cuenta.

Para saber más acerca del robo de identidad y cómo ocuparse de sus consecuencias, visite www.consumerfinance.gov/learnmore o escriba al Consumer Financial Protection Bureau. Usted puede tener derechos adicionales en virtud de las leyes estatales. Para obtener más información, comuníquese con su agencia local de protección del consumidor o con el Fiscal General estatal.

Además de los nuevos derechos y procedimientos para ayudar a los consumidores a lidiar con los efectos del robo de identidad, la FCRA tiene muchas protecciones importantes para los consumidores. Éstas se describen más detalladamente en www.consumerfinance.gov/learnmore.

Your Credit Rights As A Consumer

Reviewing Your Credit Report

Knowing and understanding what is in your credit report is one of your most important consumer rights. If you request within 60 days of being denied credit, insurance, an employment opportunity or any other benefit, due in part to information found in your credit report, we will provide you with a copy of your report free of charge. There is a fee if you request copies for any other reason. If you have any questions concerning a credit denial, please contact that creditor.

You can receive and review your credit file any business day by applying either in person with reasonable notice and proper identification; by phone preceded by a written request and proper identification; or by any other reasonable means available and authorized by you. When appearing in person, you can be accompanied by one other individual, although you may be asked for written permission to have your credit file discussed in that person's presence.

Disputing Incorrect Information

If you disagree with any of the information in your credit report, you have the right to request TransUnion to recheck it without cost. It is our responsibility to have the source of the information reverify their records. Likewise, you may submit court papers/schedule of creditors or any other relevant information you may have to assist in resolving the dispute. We cannot accept canceled checks as proof of account status without further reverification from the creditor. Investigations will be concluded within 30 days of the day we receive your request, and a revised report, reflecting the results of the investigation, will be sent to you within five business days.

Should we be unable to resolve your dispute in the 30 days, or if the disputed information is found to be incorrect, we will send you a revised report indicating that the disputed information has been corrected.

If adverse information has been deleted from your file because it could not be verified and it is later found to be accurate, we will send you a written notice within 5 business days informing you that it has been reinserted into your file.

If our investigation has not resolved the dispute, you may add a 100 word explanatory statement to your report. At your request, we will assist you in preparing the statement. If interested, you may also request a description of how the investigation was conducted along with the name, address and telephone number of any one contacted for information.

Who Has Received Your Report?

Your credit report can be obtained only by companies that have a legally permitted use for the information. The names of those companies that have received your credit report in the past two years are shown in your credit report. If there has been a change in your credit history resulting from our investigation, or if you add a consumer statement, you may request TransUnion to send an updated report to those who received your report, within the last two years for employment purposes, or within the last one year for any other purpose.

Mailing Preference

Credit Reporting companies, such as TransUnion; occasionally provide your name to direct marketing companies offering goods and services, which would seem of interest to you. If you do not want to receive these mailings, you have the right to deny permission of the use of your name for these purposes. Simply call the toll free automated marketing Opt-out telephone line, 1-888-567-8688. You will be prompted to give your name, address, and social security number. Your name will be removed from all of the credit bureau marketing lists.

Understanding Credit "Repair" Clinics

Many states have laws regulating the practices of companies that claim they can "repair" your negative credit information. No one can have accurate information removed. You may wish to check with you Attorney General, or local consumer protection agency before contracting or paying for credit repair services. If something on your report is incorrect, you can have it corrected at no cost by filling out the enclosed "Investigation Request Form."

Fair Credit Reporting Act

How far back does your credit history go? The Fair Credit Reporting Act allows credit-reporting agencies to list negative credit and public record information for 7 years from the date of delinquency, charge-off or placement for collection; or for 10 years from the date of filing chapter 7, 11, 12, or 13 bankruptcy. Our policy is to delete discharged Chapter 13 bankruptcies after 7 years. Paid tax liens are reported to 7 years from the date paid. Unpaid tax liens may be reported for an indefinite period of time.

Connecticut Residents

In addition to the rights above: You may be charged a reasonable fee for a copy of your credit report not exceeding \$5.00 for your first request in 12 months or \$7.50 for any subsequent request in the same 12 month period. The credit-reporting agency must provide someone to help you interpret the information in your credit file. If you make a dispute to the credit reporting agency and if you provide additional information to the credit-reporting agency, the agency may extend the time it has to investigate your dispute by 15 business days. The credit-reporting agency shall provide you with a toll-free telephone number to use in resolving the dispute. If you have reviewed your credit report with the credit-reporting agency and are dissatisfied, you may contact the Connecticut department of banking. You have a right to bring a civil action against anyone who knowingly or willfully misuses file data or improperly obtains access to your file.

Your Credit Rights As A Consumer

Reviewing Your Credit Report

Knowing and understanding what is in your credit report is one of your most important consumer rights. If you request within 60 days of being denied credit, insurance, an employment opportunity or any other benefit, due in part to information found in your credit report, we will provide you with a copy of your report free of charge. There is a fee if you request copies for any other reason. If you have any questions concerning a credit denial, please contact that creditor.

You can receive and review your credit file any business day by applying either in person with reasonable notice and proper identification; by phone preceded by a written request and proper identification; or by any other reasonable means available and authorized by you. When appearing in person, you can be accompanied by one other individual, although you may be asked for written permission to have your credit file discussed in that person's presence.

Disputing Incorrect Information

If you disagree with any of the information in your credit report, you have the right to request TransUnion to recheck it without cost. It is our responsibility to have the source of the information reverify their records. Likewise, you may submit court papers/schedule of creditors or any other relevant information you may have to assist in resolving the dispute. We cannot accept canceled checks as proof of account status without further reverification from the creditor. Investigations will be concluded within 30 days of the day we receive your request, and a revised report, reflecting the results of the investigation, will be sent to you within five business days.

Should we be unable to resolve your dispute in the 30 days, or if the disputed information is found to be incorrect, we will send you a revised report indicating that the disputed information has been corrected.

If adverse information has been deleted from your file because it could not be verified and it is later found to be accurate, we will send you a written notice within 5 business days informing you that it has been reinserted into your file.

If our investigation has not resolved the dispute, you may add a 100 word explanatory statement to your report. At your request, we will assist you in preparing the statement. If interested, you may also request a description of how the investigation was conducted along with the name, address and telephone number of any one contacted for information.

Who Has Received Your Report?

Your credit report can be obtained only by companies that have a legally permitted use for the information. The names of those companies that have received your credit report in the past two years are shown in your credit report. If there has been a change in your credit history resulting from our investigation, or if you add a consumer statement, you may request TransUnion to send an updated report to those who received your report, within the last two years for employment purposes, or within the last one year for any other purpose.

Mailing Preference

Credit Reporting companies, such as TransUnion; occasionally provide your name to direct marketing companies offering goods and services, which would seem of interest to you. If you do not want to receive these mailings, you have the right to deny permission of the use of your name for these purposes. Simply call the toll free automated marketing Opt-out telephone line, 1-888-567-8688. You will be prompted to give your name, address, and social security number. Your name will be removed from all of the credit bureau marketing lists.

Understanding Credit "Repair" Clinics

Many states have laws regulating the practices of companies that claim they can "repair" your negative credit information. No one can have accurate information removed. You may wish to check with you Attorney General, or local consumer protection agency before contracting or paying for credit repair services. If something on your report is incorrect, you can have it corrected at no cost by filling out the enclosed "Investigation Request Form."

Fair Credit Reporting Act

How far back does your credit history go? The Fair Credit Reporting Act allows credit-reporting agencies to list negative credit and public record information for 7 years from the date of delinquency, charge-off or placement for collection; or for 10 years from the date of filing chapter 7, 11, 12, or 13 bankruptcy. Our policy is to delete discharged Chapter 13 bankruptcies after 7 years. Paid tax liens are reported to 7 years from the date paid. Unpaid tax liens may be reported for an indefinite period of time.

Vermont Residents

Under Vermont law, you are allowed to receive one free copy of your credit report every 12 months from each credit-reporting agency. If you would like to obtain your free credit report from TransUnion, you should contact us by writing to the following address: Post Office Box 1000, Chester, PA 19022, or by calling the following toll-free telephone number, 800-888-4213.

Under Vermont law, no one may access your credit report without your permission except under the following limited circumstances.

- (a) in response to a court order;
- (b) for direct mail offers of credit;
- (c) if you have given ongoing permission and you have an existing relationship with the person requesting a copy of your credit report;
- (d) where the request for a credit report is related to an educational loan made, guaranteed, or serviced by the Vermont Student Assistance Corporation;
- (e) where the request for a credit is by the Office of Child Support Services when investigating a child support case;
- (f) where the request for a credit report is related to a credit transaction entered in to prior to January 1, 1993; and
- (g) where the request for a credit report is by the Vermont State Tax Department and is used for the purpose of collecting or investigating delinquent taxes.

If you believe the law regulating consumer credit reporting has been violated, you may file a complaint with the Vermont Attorney General's Consumer Assistance Program, 104 Morrill Hall, University of Vermont, Burlington, Vermont 05405. Telephone number (800) 649-2424 or in Chittenden County, 649-2424.

SUMMARY OF YOUR RIGHTS UNDER THE MASSACHUSETTS CONSUMER CREDIT REPORTING ACT

You have the right to obtain a free copy of your credit file from a consumer credit reporting agency. You may be charged a reasonable fee not exceeding eight dollars. There is no fee, however, if you have been turned down for credit, employment, insurance, or rental dwelling because of information in your credit report within the preceding sixty days. The consumer credit reporting agency must provide someone to help you interpret the information in your credit file. Each calendar year you are entitled to receive, upon request, one free consumer credit report.

You have a right to dispute inaccurate information by contacting the consumer credit reporting agency directly. However, neither you nor any credit repair company or credit service organization has the right to have accurate, current, and verifiable information removed from your credit report. In most cases, under state and federal law, the consumer credit reporting agency must remove accurate, negative information from your report only if it is over seven years old, and must remove bankruptcy information only if it is over ten years old.

If you have notified a consumer credit reporting agency in writing that you dispute the accuracy of information in your file, the consumer credit reporting agency must then, within thirty business days, reinvestigate and modify or remove inaccurate information. The consumer credit reporting agency may not charge a fee for this service. Any pertinent information and copies of all documents you have concerning a dispute should be given to the consumer credit reporting agency.

If reinvestigation does not resolve the dispute to your satisfaction, you may send a statement to the consumer credit reporting agency to keep in your file, explaining why you think the record is inaccurate. The consumer credit reporting agency must include your statement about the disputed information in a report it issues about you.

You have a right to receive a record of all inquiries relating to a credit transaction initiated in the six months preceding your request, or two years in the case of a credit report used for employment purposes. This record shall include the recipients of any consumer credit report.

You have the right to opt out of any pre-screening lists compiled by or with the assistance of a consumer credit reporting agency by calling the agency's toll-free telephone number or contacting the agency in writing. You may be entitled to collect compensation, in certain circumstances, if you are damaged by a person's negligent or intentional failure to comply with the provisions of the credit report act.

SUMMARY OF RIGHTS UNDER WASHINGTON LAW

The Washington Fair Credit Report Act, located at Chapter 19.182 RCW, substantially parallels the federal Fair Credit Reporting Act and the rights and remedies set forth in the Federal Trade Commission's Summary of Rights, except that, effective July 22, 2007, the Washington state law imposes greater limitations on the reasons for which an employer may obtain a consumer report. Beginning July 22, 2007, an employer may not obtain a consumer report that indicates the consumer's credit worthiness, credit standing, or credit capacity, unless (1) the information is substantially job related and the employer's reasons for using the information are disclosed in writing, or (2) the information is required by law.

COMPLAINTS

ANY COMPLAINTS BY CONSUMERS UNDER STATE LAW
MAY BE DIRECTED TO
THE ATTORNEY GENERAL'S OFFICE IN WASHINGTON
CONSUMER PROTECTION DIVISION

CONSUMER PROTECTION DIVISION

For Information Call: The Consumer Resource Center

Statewide Toll-Free Number:
800 551-4636

Statewide Toll-Free TDD:
800 276-9883

Complaints May Be Made Via U.S. Mail or E-Mail

Complaints: <http://www.atg.wa.gov/FileAComplaint.aspx>
(Include your U.S. Mail address with any complaint.)

Website & Forms: <http://www.atg.wa.gov/>

OTHER CONSUMER RESOURCE CENTERS THAT YOU MAY CONTACT:

<p>Bellingham - Island, San Juan, Skagit and Whatcom Counties</p> <p>AGO – CRC 103 E. Holly, Suite 308 Bellingham, WA 98225 Phone: (360) 738-6185 Fax: (360) 738-6190</p>	<p>Spokane – Northeast Washington</p> <p>AGO – CRC 1116 West Riverside Spokane, WA 99201-1194 Phone: (509) 456-3123 Fax: (509) 458-3548</p>
<p>Kennewick - Southeast Washington</p> <p>AGO – CRC 500 N. Morain Street, Suite 1250 Kennewick, WA 99336-2607 Phone: (509) 734-7140 Fax: (509) 734-7285</p>	<p>Tacoma - Pierce, Mason, Grays Harbor and Kitsap Counties</p> <p>AGO - CRC 1019 Pacific Avenue South, 3rd Floor Tacoma, WA 98402-4411 Phone: (253) 593-2904 Fax: (253) 593-2449</p>
<p>Olympia - Thurston County</p> <p>AGO – CRC 670 Woodland Square Loop S.E., 1st Floor P. O. Box 40118 Olympia, WA 98504-0118 Phone: (360) 753-6210 Fax: (360) 664-2585</p>	<p>Vancouver - Southwest Washington</p> <p>AGO – CRC 1220 Main Street, Suite 549 Vancouver, WA 98660-2964 Phone: (360) 759-2150 Fax: (360) 759-2159</p>
<p>Seattle - King, Snohomish, Clallam and Jefferson Counties</p> <p>AGO – CRC 900 Fourth Avenue, Suite 2000 Seattle, WA 98164-1012 Phone: (206) 464-6684 Fax: (206) 464-6451</p>	

Your Credit Rights As A Consumer

Reviewing Your Credit Report

Knowing and understanding what is in your credit report is one of your most important consumer rights. If you request within 60 days of being denied credit, insurance, an employment opportunity or any other benefit, due in part to information found in your credit report, we will provide you with a copy of your report free of charge. There is a fee if you request copies for any other reason. If you have any questions concerning a credit denial, please contact that creditor.

You can receive and review your credit file any business day by applying either in person with reasonable notice and proper identification; by phone preceded by a written request and proper identification; or by any other reasonable means available and authorized by you. When appearing in person, you can be accompanied by one other individual, although you may be asked for written permission to have your credit file discussed in that person's presence.

Disputing Incorrect Information

If you disagree with any of the information in your credit report, you have the right to request TransUnion to recheck it without cost. It is our responsibility to have the source of the information reverify their records. Likewise, you may submit court papers/schedule of creditors or any other relevant information you may have to assist in resolving the dispute. We cannot accept canceled checks as proof of account status without further reverification from the creditor. Investigations will be concluded within 30 days of the day we receive your request, and a revised report, reflecting the results of the investigation, will be sent to you within five business days.

Should we be unable to resolve your dispute in the 30 days, or if the disputed information is found to be incorrect, we will send you a revised report indicating that the disputed information has been corrected.

If adverse information has been deleted from your file because it could not be verified and it is later found to be accurate, we will send you a written notice within 5 business days informing you that it has been reinserted into your file.

If our investigation has not resolved the dispute, you may add a 100 word explanatory statement to your report. At your request, we will assist you in preparing the statement. If interested, you may also request a description of how the investigation was conducted along with the name, address and telephone number of any one contacted for information.

Who Has Received Your Report?

Your credit report can be obtained only by companies that have a legally permitted use for the information. The names of those companies that have received your credit report in the past two years are shown in your credit report. If there has been a change in your credit history resulting from our investigation, or if you add a consumer statement, you may request TransUnion to send an updated report to those who received your report, within the last two years for employment purposes, or within the last one year for any other purpose.

Mailing Preference

Credit Reporting companies, such as TransUnion; occasionally provide your name to direct marketing companies offering goods and services, which would seem of interest to you. If you do not want to receive these mailings, you have the right to deny permission of the use of your name for these purposes. Simply call the toll free automated marketing Opt-out telephone line, 1-888-567-8688. You will be prompted to give your name, address, and social security number. Your name will be removed from all of the credit bureau marketing lists.

Understanding Credit "Repair" Clinics

Many states have laws regulating the practices of companies that claim they can "repair" your negative credit information. No one can have accurate information removed. You may wish to check with you Attorney General, or local consumer protection agency before contracting or paying for credit repair services. If something on your report is incorrect, you can have it corrected at no cost by filling out the enclosed "Investigation Request Form."

Fair Credit Reporting Act

How far back does your credit history go? The Fair Credit Reporting Act allows credit-reporting agencies to list negative credit and public record information for 7 years from the date of delinquency, charge-off or placement for collection; or for 10 years from the date of filing chapter 7, 11, 12, or 13 bankruptcy. Our policy is to delete discharged Chapter 13 bankruptcies after 7 years. Paid tax liens are reported to 7 years from the date paid. Unpaid tax liens may be reported for an indefinite period of time.

Colorado Residents

If we investigate the information in your report at your request, you will receive an updated credit report, and another copy of this notice, to indicate that we have completed our investigation. The results of our investigation will be shown in that report. In addition to all other rights listed, you may bring an action to enforce any obligation imposed on us under Colorado Law in any court of competent jurisdiction or submitted to binding arbitration, after you have followed all dispute procedures in the Colorado law and have received this notice, in the manner set forth in the rules of the American Arbitration Association to determine whether we have met our obligations under law. No decision of an arbitrator pursuant to this provision shall affect the validity of any obligation or debt. A successful party to any such arbitration shall be compensated for the costs and attorney fees of the proceeding as determined by the court or arbitration. No consumer may submit more than one action to arbitration against any consumer-reporting agency during any 120-day period. The results of any arbitration action brought against a consumer reporting agency doing business in this state shall be communicated in a timely manner to all other consumer reporting agencies doing business in this state. If, as a result of an arbitration a determination is made in favor of the consumer, any adverse information in such consumer's file or record shall be removed or stricken in a timely manner, or the consumer may bring an action against the non-complying agency pursuant to this section, in spite of the 120 day waiting period.

Your Credit Rights As A Consumer

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Maryland Residents

Your Commissioner of Financial Regulations is Mary Louise Preis. You may write to her at 500 N. Calvert, Room 402, Baltimore, Maryland 21202 or call 410-333-6830. In addition to the rights above, you are entitled to request a copy of your file free of charge one time in a twelve month period and thereafter for a \$5.00 charge each time.

BACKGROUND CHECK AUTHORIZATION & DISCLOSURE NOTICE (MINOR*)

*A minor is a person under 18 years old.

Please read carefully before signing.

In connection with my child's application for employment with the Research Foundation of the City University of New York ("RFCUNY"), I, the legal parent or guardian of _____, do hereby declare that I voluntarily agree to allow said child to have a background investigation conducted by RFCUNY or its vendor. I do hereby waive in my behalf, and in behalf of my spouse and/or the other parent or guardian of said child, all rights and do voluntarily agree that said background investigation should be performed.

In consideration of and as an inducement for RFCUNY or its vendor to perform a background investigation on my child, I and my spouse and/or the other parent or guardian of my child, do hereby release RFCUNY, its vendor, and their respective officers, employees, and agents, from any and all liability whatsoever as a result of said child having a background investigation performed and the transmitting and utilization of the results thereof.

I understand that consumer reports or investigative consumer reports which may contain public record information may be obtained on my child including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports may include experience information along with reasons for termination of past employment. Said consumer reports and/or any investigative consumer reports may be obtained at any time during the application process or during my child's employment with RFCUNY. I acknowledge that I have received the attached summary of my child's rights under the Fair Credit reporting act.

I understand that my child may, upon timely written request to the Department of Human Resources of RFCUNY, and within five days of the request, receive the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report that will be obtained.

I understand that my child's offer of employment is contingent upon the results of the background investigation. I also understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, my child will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of his or her rights under the Fair Credit Reporting Act.

Authorization

I hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, court, department of corrections, or other person or agency having knowledge about my child to furnish RFCUNY, or its vendor(s) authorized for the purpose of performing background investigations, with any and all background information in their possession regarding my child, in order that his or her employment qualifications may be evaluated.

Read, acknowledged, and authorized:

Parent/Guardian Signature _____ Date _____

CONFIDENTIAL INFORMATION POLICY

Policy and Procedure

Employees of the Research Foundation of CUNY ("Research Foundation", "RF" or "RFCUNY"), or designated individuals who conduct business on behalf of the Research Foundation, have an obligation to protect confidential information to which they have access. This requirement pertains to RF field staff and central office staff alike, as well as to principal investigators, campus project administrators and any others with access to confidential information. Confidential information is any information concerning the business or operations of the Research Foundation, including (a) personal or private information from any source that belongs to clients, employees or business partners and (b) information that belongs to the Research Foundation and is available to employees solely because of their position as Research Foundation employees or designated individuals who conduct business on behalf of RFCUNY.

Employees or designated individuals who conduct business on behalf of RFCUNY will protect from unauthorized uses and disclosures (by any means including, but not limited to, electronic, written, or verbal uses and disclosures) all confidential information to which they have access in the course of their employment or business with RFCUNY, including information to which they are privy through various RFCUNY systems (including CYBORG, E-I9, E-PAF, E- Timesheet, KUALI, Eclipse, My Payroll and Benefits, their successors and other systems).

Employees or designated individuals who conduct business on behalf of RFCUNY will use the confidential information to which they have access only for the purposes for which it was collected and consistent with their employment or business, and will use that confidential information solely for the performance of their official duties for RFCUNY. Further, Research Foundation employees or designated individuals who conduct business on behalf of RFCUNY will disclose personal information only as permitted by law.

Confidential / Regulated data includes information for which there is a legal obligation not to disclose. These data elements require the highest level of restriction due to the risk or harm that will result from disclosure or inappropriate use. This may include, but is not limited to, social security numbers, credit card numbers, health information, RFCUNY user IDs and passwords.

An employee of the Research Foundation, or a designated individual who conducts business on behalf of RFCUNY is required to take the following additional actions to protect confidential / regulated data

- May not ask for confidential/regulated data if it is not necessary and relevant to the purposes of the RF and the particular function for which the RF employee or designated individual is responsible;
- May not disclose confidential/regulated data to an unauthorized person or entity;
- May not share confidential/regulated data with a third party except as required by law, with the consent of the individual to whom the confidential/regulated data belongs, or when a third party is an agent or contractor of the RF;
- May not send confidential/regulated data over the Internet or by e-mail unless using a secured link or the confidential / regulated data is encrypted or otherwise secured. Records containing confidential / regulated data may not be stored on RF or personal computers or other electronic devices unless secured by the Office of Systems and Information Services (SIS) or the College Information Technology Department against unauthorized access.

Records or media (such as disks, tapes, hard drives) that contain Social Security numbers shall be discarded in a way that protects the confidentiality of the Social Security numbers and in accordance with the RF's records retention schedule.

When an RF employee or designated individual who conducts business on behalf of RFCUNY becomes aware, or suspects, that personal information has become lost or shared in an unauthorized way, or any other form of privacy breach, he or she is required to notify his or her supervisor immediately. If a supervisor is not readily available then the employee must notify someone else in a management or executive position. Supervisors will be responsible for reporting the breach, or suspected breach, to the RF Senior Director of Human Resources.

Discipline or sanctions, up to and including termination, may result if an employee accesses, collects, uses, discloses or disposes of personal information in a manner that contravenes legal obligations or RFCUNY's established policies and procedures, including this Procedure. (Any disciplinary action will be taken in accordance with the collective bargaining agreement if applicable.)

These obligations will survive termination of employment at RFCUNY and failure to keep confidential the personal information of individuals obtained during that employment, even if terminated, will be grounds for appropriate legal action.



Bill de Blasio
Mayor

Consumer
Affairs

Lorelei Salas
Commissioner

NOTICE OF EMPLOYEE RIGHTS

Under New York City's Earned Safe and Sick Time Act (Paid Safe and Sick Leave Law), certain employees have a right to safe and sick leave. Go to nyc.gov/PaidSickLeave to learn which employees are covered by the law.

Employees who work for employers with five or more employees who work more than 80 hours a calendar year in New York City have a right to *paid* safe and sick leave. Employees who work for employers with fewer than five employees have a right to *unpaid* safe and sick leave.

Employees who work for employers who must provide safe and sick leave must receive this written notice from their employer when they begin employment or by June 4, 2018, whichever is later.

YOU HAVE A RIGHT TO SAFE LEAVE, which you can use to seek assistance or take other safety measures if you or a family member may be the victim of any act or threat of domestic violence or unwanted sexual physical contact, stalking, or human trafficking.

YOU HAVE A RIGHT TO SICK LEAVE, which you can use for the care and treatment of yourself or a family member.

AMOUNT OF SAFE AND SICK LEAVE:

- Your employer must provide up to a total of 40 hours of safe and sick leave every calendar year. You may use any earned leave for either safe or sick leave purposes. Your employer's calendar year is:

Start of Calendar Year: January 1, 2019 End of Calendar Year: December 31, 2019

RATE OF ACCRUAL:

- You accrue safe and sick leave at the rate of one hour for every 30 hours worked, up to a maximum of 40 hours of safe and sick leave per calendar year.

DATE ACCRUAL BEGINS:

You begin to accrue safe and sick leave on April 1, 2014 or on your first day of employment, whichever is later.

Exception: If you are covered by a collective bargaining agreement that was in effect on April 1, 2014, you begin to accrue safe and sick leave under City law beginning on the date that the agreement expires.

DATE SAFE AND SICK LEAVE IS AVAILABLE FOR USE:

- You could begin using sick leave on July 30, 2014 or 120 days after you begin employment, whichever is later.
- You could begin using safe leave on May 5, 2018 or 120 days after you begin employment, whichever is later.

ACCEPTABLE REASONS TO USE SAFE AND SICK LEAVE:

You can use safe and sick leave to take time off from work when:

- You have a mental or physical illness, injury, or health condition; you need to get a medical diagnosis, care, or treatment of your mental or physical illness, injury, or condition; you need to get preventive medical care.
- You must care for a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition, or who needs preventive medical care.
- Your employer's business closes due to a public health emergency or you need to care for a child whose school or child care provider closed due to a public health emergency.
- You or a family member may be the victim of any act or threat of domestic violence or unwanted sexual physical contact, stalking, or human trafficking and you need to take actions necessary to restore the physical, psychological, or economic health or safety of you or your family members or to protect those who associate or work with you, including to:
 - Obtain services from a domestic violence shelter, rape crisis center, or other services program.
 - Participate in safety planning, relocate, or take other actions to protect your safety or that of your family members, including enrolling children in a new school.
 - Meet with an attorney or social service provider to obtain information and advice related to custody; visitation; matrimonial issues; orders of protection; immigration; housing; discrimination in employment, housing, or consumer credit.
 - File a domestic incident report with law enforcement or meet with a district attorney's office.

[More >](#)

FAMILY MEMBERS:

The law recognizes the following individuals as “family members:”

- Any individual whose close association with the employee is the equivalent of family
- Child (biological, adopted, or foster child; legal ward; child of an employee standing *in loco parentis*)
- Grandchild
- Spouse
- Domestic Partner
- Parent
- Grandparent
- Child or Parent of an employee’s spouse or domestic partner
- Sibling (including a half, adopted, or step sibling)
- Any other individual related by blood to the employee

ADVANCE NOTICE:

If the need is foreseeable, your employer can require up to seven days advance notice of your intention to use safe or sick leave. If the need is unforeseeable, your employer may require you to give notice as soon as practicable.

DOCUMENTATION:

Your employer can require documentation if you use more than three consecutive workdays as safe or sick leave. The Paid Safe and Sick Leave Law prohibits employers from requiring the health care provider to specify the medical reason for sick leave or requiring safe leave documentation to specify the details of any act or threat of domestic violence or unwanted sexual physical contact, stalking, or human trafficking. Disclosure may be required by other laws.

UNUSED SAFE AND SICK LEAVE:

Up to 40 hours of unused safe and sick leave can be carried over to the next calendar year. However, your employer is only required to let you use up to 40 hours of safe and sick leave per calendar year.

YOU HAVE A RIGHT TO BE FREE FROM RETALIATION FROM YOUR EMPLOYER FOR USING SAFE AND SICK LEAVE.

Your employer cannot retaliate against you for:

- Requesting and using safe and sick leave.
- Filing a complaint for alleged violations of the law with DCA.
- Communicating with any person, including coworkers, about any violation of the law.
- Participating in a court proceeding regarding an alleged violation of the law.
- Informing another person of that person’s potential rights.

Retaliation includes any threat, discipline, discharge, demotion, suspension, or reduction in your hours, or any other adverse employment action against you for exercising or attempting to exercise any right guaranteed under the law.

YOU HAVE A RIGHT TO FILE A COMPLAINT.

You can file a complaint with DCA. To get the complaint form, go online to nyc.gov/PaidSickLeave or contact 311 (212-NEW-YORK outside NYC).

DCA will conduct an investigation and try to resolve your complaint. DCA will keep your identity confidential unless disclosure is necessary to conduct the investigation, resolve the complaint, or is required by law.

Keep a copy of this notice and all documents that show your amount of safe and sick leave accrual and use.

Note: The Earned Safe and Sick Time Act sets the minimum requirements for safe and sick leave. Your employer’s leave policies may already meet or exceed the requirements of the law.

You have a right to be given this notice in English and, if available on the DCA website, your primary language.

For more information, including Frequently Asked Questions, go to nyc.gov/PaidSickLeave or call **311** and ask for information about Paid Safe and Sick Leave.

Paid Family Leave Filing Instructions

All requests for leave should be submitted to the Leaves Administration team.

Please leave social security fields blank. This information will be updated by Human Resources once your forms are received.

Type of Leave	Forms to be completed and submitted to RFCUNY	Certification Required (supporting documents needed in addition to claim forms)
Bonding with Child (birth mother filing)	PFL 1: Request for Paid Family Leave Part A: To be completed by the employee. Part B: RFCUNY completes. PFL 2: Bonding Certification To be completed by the employee.	<ul style="list-style-type: none"> ▪ Infant’s birth certificate; or ▪ If a birth certificate is unavailable, documentation of pregnancy or birth from a health care provider that includes the mother’s name and the child’s due or birth date.
Bonding with Child (other parent filing)	PFL 1: Request for Paid Family Leave Part A: To be completed by the employee. Part B: RFCUNY completes. PFL 2: Bonding Certification To be completed by the employee.	<ul style="list-style-type: none"> ▪ If available, a birth certificate that names the parent requesting leave; ▪ If parent is not named on the birth certificate, a voluntary acknowledgment of paternity or court order of filiation; ▪ If the documents in above are not available, then the employee must provide, <ul style="list-style-type: none"> • A copy of documentation of pregnancy or birth from a health care provider that includes the mother’s name and the child’s due or birth date and • A second document verifying the parent’s relationship with the birth mother (i.e., marriage certificate, civil union documents, or domestic partnership documents)
Bonding with Child (foster parent filing)	PFL 1: Request for Paid Family Leave Part A: To be completed by the employee. Part B: RFCUNY completes. PFL 2: Bonding Certification To be completed by the employee.	<ul style="list-style-type: none"> ▪ Letter of foster care placement issued by county or city department of social services or local volunteer agency. ▪ If the employee is not named in the placement document, the employee should submit, <ul style="list-style-type: none"> • A copy of the document demonstrating placement AND • A second document verifying the relationship to the parent named in the document (i.e., marriage certificate, civil union documents, or domestic partnership documents).

Bonding with Child
(adoptive parent filing)

PFL 1: Request for Paid Family Leave
Part A: To be completed by the employee. Part B: RFCUNY completes.

PFL 2: Bonding Certification
To be completed by the employee.

- Court document indicating that adoption is in process or is being finalized, or
- For leave taken prior to adoption, a document demonstrating that the adoption process is underway, including but not limited to, a signed statement from an attorney, adoption agency, or adoption-related social service provider that the employee is in the process of adopting a child.
- If the second parent is not named in the documents referenced above, the employee must provide
 - A copy of the document demonstrating adoption and
 - A second document verifying the relationship to the parent named in the document (i.e., marriage certificate, civil union documents, or domestic partnership documents).

Family Member Care

PFL 1: Request for Paid Family Leave
Part A: To be completed by the employee. Part B: RFCUNY completes.

PFL 3: Release of Personal Health Information
This form allows the health care provider to complete PFL 4 and release it to the employee seeking PFL benefits. The health care provider will retain this form. Do not send to RFCUNY.

PFL 4: Health Care Provider Certification for Care of Family Member with Serious Health Condition
To be completed by health care provider

- The fully completed PFL 4 is the certification for this leave.

Military Qualifying Event
(employee's spouse, domestic partner, child, or parent filing)

PFL 1: Request for Paid Family Leave
Part A: To be completed by the employee. Part B: RFCUNY completes.

PFL 5: Military Qualifying Event
To be completed by the employee.

- Copy of the military member's active duty orders, or
- Letter of impending call to covered duty, or
- Documentation of military leave signed by the approving authority for military member's rest and recuperation.

See Form PFL 5 Instructions for additional information

NOTICE

Pregnancy Accommodations at Work

The NYC Human Rights Law requires all employers with four or more employees to provide reasonable accommodations to employees related to pregnancy, childbirth, and related medical conditions to enable them to continue working and/or return to work promptly while maintaining a healthy pregnancy. Employers are required to provide written notice of employees' rights under the Law, and can use this document to satisfy that requirement. As such, it should be posted in the workplace.

EMPLOYERS

Provide a clear policy and protocol for employees to request a reasonable accommodation. Work with your pregnant employee to promptly agree on a reasonable accommodation that:

- Values your employee's contributions to the workplace
- Helps your employee satisfy the essential requisites of her job
- Keeps them in the workplace for as long as they are able to continue working
- Is right for your employee and does not cause undue hardship to your business

Ignoring a request for a reasonable accommodation, failing to respond quickly, punishing, or firing your employee after they request one can expose you to damages and civil penalties. Employers are prohibited from asking for proof of pregnancy. Employers may request a doctor's note only when the accommodations requested by the employee involve time away from the workplace and when not otherwise prohibited by city, state, or federal law, including the NYC Earned Sick Time Act.

EMPLOYEES

If you need a reasonable accommodation to continue working or remain employed, you can request one. Examples include, but are not limited to:

- Breaks (e.g. to use the bathroom, eat or drink, or provide necessary rest)
- Changes to your work environment such as a seat or a fan
- Assistance with physically demanding tasks
- Time off or schedule adjustments
- A private, clean, non-bathroom space and breaks for expressing breast milk
- Light duty or a temporary transfer to a different position
- Time off to recover from childbirth

The type of reasonable accommodation appropriate for an employee should be tailored to the needs of the employee and the employer. If your request for a reasonable accommodation has been ignored or denied without an appropriate alternative, we can help. Call the NYC Commission on Human Rights at 718-722-3131 to report it.

NYC.gov/HumanRights or call (718) 722-3131

    @NYCCHR

NYC Commission on
Human Rights

Bill de Blasio,
Mayor

Carmelyn P. Malalis,
Chair/Commissioner

AVISO

ACOMODACIONES EN EL TRABAJO RELATIVAS AL EMBARAZO

La Ley de Derechos Humanos de la Ciudad de Nueva York requiere que todos los empleadores con cuatro o más empleados ofrezcan acomodaciones razonables a sus empleadas/os relativas al embarazo y el nacimiento de un bebé y las condiciones médicas relacionadas con estas etapas de la vida para que puedan continuar trabajando y/o regresar al trabajo rápidamente y que al mismo tiempo estos empleados disfruten de un embarazo saludable. Los empleadores están obligados a proporcionar un aviso por escrito sobre los derechos de los empleados según la Ley. Este documento puede usarse para satisfacer ese requerimiento. Como tal, este aviso debe publicarse en el lugar de trabajo.

EMPLEADORES

Proporcione una política clara y un protocolo para que los empleados soliciten una acomodación razonable. Trabaje con su empleada/o embarazada/o para que establezcan un acuerdo inmediato sobre una acomodación razonable que:

- Valore las contribuciones de la/el empleada/o al lugar de trabajo
- Ayude a la/al empleada/o a satisfacer los requisitos esenciales de su trabajo
- Permita a la/al empleada/o seguir trabajando la mayor parte del tiempo que le sea posible
- Sea apropiado para el/la empleada/o y no causa dificultades excesivas en su lugar de trabajo

Ignorar una solicitud de acomodación razonable, tomarse mucho tiempo para responder, castigar o despedir a su empleado (a) después de que ha hecho la solicitud puede exponerlo a tener que pagar daños emocionales y sanciones civiles. Los empleadores tienen prohibido pedir pruebas de embarazo y solo pueden solicitar una nota médica cuando las acomodaciones solicitadas por la/el empleada (o) implican tiempo fuera del lugar de trabajo y cuando esto no esté prohibido por leyes locales, estatales o federales, incluida la Ley de Horas de Enfermedad Ganados de Nueva York (NYC Earned Sick Time Act).

EMPLEADOS

Usted puede solicitar una acomodación razonable para continuar trabajando o seguir siendo empleado por su trabajo. Por ejemplo:

- Descansos (por ejemplo, para usar el baño, comer o beber, o asegurar el descanso necesario)
- Cambios en su entorno de trabajo (por ejemplo, una silla o un ventilador)
- Asistencia con tareas físicamente exigentes
- Tiempo libre o ajustes de horario
- Un espacio privado y limpio que no sea un baño para descansos y para extraer leche materna
- Trabajo ligero o una transferencia temporal a una posición diferente
- Tiempo libre para recuperarse del parto

El tipo de acomodación razonable apropiado para una/un empleada/o debe adaptarse a las necesidades del empleado y del empleador. Si su solicitud de ajuste razonable ha sido ignorada o denegada sin una alternativa adecuada, podemos ayudarlo. Llame a la Comisión de Derechos Humanos de la Ciudad de Nueva York al (718) 722-3131 y reportarlo.

NYC.gov/DerechosHumanos o lláme al (718) 722-3131

    @NYCCHR

NYC **Comisión de
Derechos Humanos**

Bill de Blasio,
Alcalde

Carmelyn P. Malalis,
Presidenta/Comisionada



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

DRUG-FREE WORKPLACE POLICY NO. 535

Introduction

The detrimental health effects of drug abuse have been well documented in the medical literature. In addition to endangering their health through such behavior, employees who abuse drugs are violating criminal statutes, and their diminished capacity jeopardizes the safety of their co-workers and compromises the overall work of the Research Foundation when the abuse occurs during work hours.

The Foundation takes considerable pride in the work performed by its employees. While the Foundation has the greatest respect for the privacy of its employees, it must be understood that the Foundation will not tolerate any drug abuse which threatens the safety of its employees or the conduct of its business. The Foundation is determined to promote and maintain a working environment which will enable its employees to enjoy their work and perform it productively. In keeping with this commitment, the Foundation will comply with the requirements of the Drug-Free Workplace Act of 1988, as well as other applicable statutes and regulations. All employees, as a condition of accepting and continuing employment with the Foundation, agree to abide by the terms of this policy.

Drug-Free Awareness Program

The Research Foundation has developed a Drug-Free Awareness Program to provide important information to its employees concerning the dangers of drug abuse. This program is the cornerstone of an ongoing educational effort to prevent drug abuse that may affect the workplace and to eliminate it if it should occur. The program is designed to inform employees about the dangers of drug abuse in the workplace and the Foundation's policy concerning it, as well as the availability of treatment and counseling for those employees who seek such assistance. In addition, employees will be informed of the sanctions which the Foundation is prepared to impose for violations of this policy.

Employee Assistance Services

The Foundation recognizes that drug abuse is a condition which can often be successfully treated when an individual is sufficiently motivated to change his or her behavior. Consequently the Foundation will gladly assist employees who seek information concerning the availability of treatment and rehabilitation services. The Foundation encourages its employees to contact the Office of Human Resources if they suspect that they may be in need of such services. Assistance will be provided on a confidential basis, and referrals will be made to appropriate treatment programs. If such assistance is voluntarily sought, the Foundation will take no disciplinary action against an employee for drug abuse provided the Foundation receives satisfactory assurance of the employee's continued participation in or completion of an approved treatment program. The Foundation reserves the right to make any adjustments in the employee's job assignment during the course of such treatment.

Employee Obligations

Employees are strictly prohibited from the unlawful manufacture, distribution, possession, or use of illegal drugs or other controlled substances in the Foundation's workplace or during business hours. If any employee is under prescribed medication which affects his or her job performance, the situation must be reported to the Foundation's Human Resources Department. The Foundation may then in its sole discretion determine if the employee's job assignment should be temporarily changed during the course of any such treatment.

Any employee who is convicted of the violation of any criminal drug statute for activity which contravenes this policy must inform the Foundation of such fact within five days after such conviction.

Sanctions

Any employee who violates this policy of the Foundation may be subject to disciplinary action, including termination, at the sole discretion of the Foundation. Any employee convicted of the violation of any criminal drug statute for activity which contravenes this policy may be subject to similar disciplinary action. The Foundation may, in its sole discretion, require such an employee to participate satisfactorily in an appropriately licensed drug abuse or rehabilitation program as a condition of continued employment with the Foundation. Under such circumstances, the Foundation may in its sole discretion make any adjustments it sees fit in the employee's job assignment during the course of such treatment.

COMBATING TRAFFICKING IN PERSONS POLICY POLICY NO. 548

Purpose

The Research Foundation (hereinafter referred to as "Foundation") is committed to the adoption of a zero-tolerance policy combatting the trafficking of persons. By adopting a policy enforcing the safeguards imposed by law, the Foundation informs its employees of their obligations under law and raises the awareness of a problem that affects the human rights of millions of persons worldwide.

Applicability

This policy is applicable to all individuals engaged in the performance of any Foundation award, including uncompensated individuals whose services are contributed as either in-kind or cost matching services.

Definitions

Foundation "employee" is defined as any individual directly engaged in the performance of a grant, contract or cooperative agreement administered by the Foundation, including uncompensated individuals whose services are contributed as either in-kind or cost matching services.

Foundation's federal contract employees administered by the Foundation, including uncompensated individuals whose services are contributed as either in-kind or cost matching services.

Requirements

All Foundation employees are prohibited from engaging in severe forms of trafficking in persons during the performance of the award; procuring commercial sex acts during the performance of the award; and from using forced labor of any kind in the performance of the award.

All Foundation employees are required to report any violation of this policy immediately to the Human Resources Department at the Foundation.

All Foundation federal contract employees are required to sign a statement acknowledging this policy and agreeing to its terms.

Sanctions

Any Foundation employee who violates this policy may be subject to disciplinary action, including termination. Any employee convicted of a violation of any criminal Trafficking in Persons statute for activity which contravenes this policy will be subject to similar disciplinary action.

Implementation

This policy will be implemented immediately.

LACTATION ACCOMMODATION POLICY

In recognition of the importance and benefits of breastfeeding for mothers and infants and in compliance with applicable law, Research Foundation of CUNY supports the rights of employees and students who are nursing mothers. RFCUNY is dedicated to accommodating the needs of nursing mothers for break time and a private space to express breast milk. These procedures are effective March 18, 2019

RFCUNY will not tolerate discrimination or harassment against any employee based on the request for or usage of lactation accommodations. Any discrimination, harassment, or other violations of this policy can be reported to Human Resources.

Requesting Use of Lactation Room

RFCUNY employees should refer to the guidelines set forth by the Human Resources office at their campus/work location for information regarding requesting a room for lactation.

PROCEDURES FOR EMPLOYEES

Requests for Time Off to Express Milk

Employees should discuss their requests with their supervisors. Such requests can be made orally or in writing. Employees may request reasonable unpaid break time and/or use their paid breaks or meal times for this purpose. The employee may also ask her supervisor whether it would be possible for some or all of the time used to express milk to be made up at the beginning or end of the work day.

Requests for Lactation Rooms

Employees should check with their campus human resources office to determine if a lactation room has been designated at their campus. In the absence of a designated lactation room, employees should discuss with campus human resources office the identification of an appropriate space that complies with the lactation room specifications detailed in the lactation room policy. After an employee requests the use of a lactation room, the CUNY college/unit must respond to the request within five days. Once a space has been identified, the employee should ensure that their human resources office has the necessary information regarding the duration and hours that the employee will be using the room.

STOP SEXUAL HARASSMENT ACT FACTSHEET

All employers are required to provide written notice of employees' rights under the Human Rights Law both in the form of a displayed poster **and** as an information sheet distributed to individual employees at the time of hire. This document satisfies the information sheet requirement.

The NYC Human Rights Law

The NYC Human Rights Law, one of the strongest anti-discrimination laws in the nation, protects all individuals against discrimination based on gender, which includes sexual harassment in the workplace, in housing, and in public accommodations like stores and restaurants. Violators can be held accountable with civil penalties of up to \$250,000 in the case of a willful violation. The Commission can also assess emotional distress damages and other remedies to the victim, can require the violator to undergo training, and can mandate other remedies such as community service.

Sexual Harassment Under the Law

Sexual harassment, a form of gender-based discrimination, is unwelcome verbal or physical behavior based on a person's gender.

Some Examples of Sexual Harassment

- unwelcome or inappropriate touching of employees or customers
- threatening or engaging in adverse action after someone refuses a sexual advance
- making lewd or sexual comments about an individual's appearance, body, or style of dress
- conditioning promotions or other opportunities on sexual favors
- displaying pornographic images, cartoons, or graffiti on computers, emails, cell phones, bulletin boards, etc.
- making sexist remarks or derogatory comments based on gender

Retaliation Is Prohibited Under the Law

It is a violation of the law for an employer to take action against you because you oppose or speak

out against sexual harassment in the workplace. The NYC Human Rights Law prohibits employers from retaliating or discriminating "in any manner against any person" because that person opposed an unlawful discriminatory practice. Retaliation can manifest through direct actions, such as demotions or terminations, or more subtle behavior, such as an increased work load or being transferred to a less desirable location. The NYC Human Rights Law protects individuals against retaliation who have a good faith belief that their employer's conduct is illegal, even if it turns out that they were mistaken.

Report Sexual Harassment

If you have witnessed or experienced sexual harassment inform a manager, the equal employment opportunity officer at your workplace, or human resources as soon as possible.

Report sexual harassment to the NYC Commission on Human Rights. Call 718-722-3131 or visit NYC.gov/HumanRights to learn how to file a complaint or report discrimination. You can file a complaint anonymously.

State and Federal Government Resources

Sexual harassment is also unlawful under state and federal law where statutes of limitations vary.

To file a complaint with the New York State Division of Human Rights, please visit the Division's website at www.dhr.ny.gov.

To file a charge with the U.S. Equal Employment Opportunity Commission (EEOC), please visit the EEOC's website at www.eeoc.gov.

You Have a Right to Temporary Changes to Your Work Schedule

Under NYC's Temporary Schedule Change Law, covered employees have a right to temporary changes to their work schedule for certain "personal events." Employers must post this notice where employees can easily see it at each NYC workplace.

Employees Covered by the Law

All employees who work 80+ hours per calendar year in NYC and who have been employed by their employer 120 or more days

The law applies regardless of immigration status.

Employers cannot punish, penalize, retaliate, or take any action against employees that might stop or deter them from exercising their rights under the law. Workers should immediately contact OLPS about retaliation. See below.

Employees NOT Covered by the Law

- Government employees
- Certain employees subject to a collective bargaining agreement
- Certain employees in motion picture, television, and live entertainment industries

Definitions

Personal event

A "personal event" can be any of the following:

- The need to care for a child under the age of 18
- The need to care for a "care recipient," a person with a disability who is a family or household member and relies on you for medical care or to meet the needs of daily living

Temporary change

A "temporary change" means an adjustment to your usual schedule. This can include: using short-term unpaid leave, paid time off, working remotely, or swapping or shifting working hours.

- The need to attend a legal proceeding or hearing for public benefits to which the employee, a family member, or the employee's minor child or care recipient is a party
- Any other reason for which the employee may use leave under NYC's Paid Safe and Sick Leave Law

Your Rights

Temporary change to work schedule on up to two (2) occasions each calendar year



The change must be to accommodate a *personal event*. See Definitions. Your employer must grant requests for up to:

- Two (2) separate occasions, each totaling one (1) business day *OR*
- One (1) occasion for up to two (2) business days

Freedom from retaliation for additional schedule change requests



You can request additional changes to your schedule. Employers are not required to grant additional requests; however, they cannot retaliate against you.

If you need a temporary change to your work schedule:

As soon as you become aware of the need for a temporary schedule change, request one from your employer or direct supervisor either orally or in writing. Your request should include the date of the change, that the change is due to a personal event, and propose the type of temporary change you want (for example, to work from home), unless you would like to use leave without pay.

- Your employer must respond immediately.
- **If you requested the schedule change orally (for example, in person or by phone),** you must submit a written request no later than the second business day after you return to work. Include in the written request the date of the temporary schedule change and that the change was due to a personal event. Your employer must provide a written response within 14 days. *If you do not submit a written request, your employer is not required to provide a written response but cannot deny your request because you did not submit a written request.*
- Make sure to keep all of your schedules and any communications with your employer about scheduling.

Ability to propose type of temporary change

You can propose the type of *temporary change* you would like when you request it. See Definitions.

Your employer must:

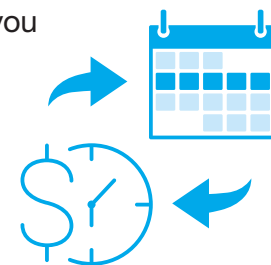
- Approve your proposal. *OR*
- Provide leave without pay.

Your employer may:

- Offer you the ability to use paid time off.
Note: The law does not require employers to offer paid time off, and you do not need to accept such an offer.

Your employer may NOT:

- Require you to use leave earned under NYC's Paid Safe and Sick Leave Law for a temporary schedule change.



File a Complaint

The Department of Consumer Affairs (DCA) Office of Labor Policy & Standards (OLPS) enforces NYC's Temporary Schedule Change Law and other NYC workplace laws.

To file a complaint with OLPS, go to nyc.gov/dca or **contact 311** (212-NEW-YORK outside NYC) and ask for "Temporary Schedule Change Law." OLPS will conduct an investigation and try to resolve your complaint. **OLPS will keep your identity confidential unless disclosure is necessary to complete an investigation or is required by law.**

You can also file an action in court. However, you cannot have a complaint with OLPS and a claim in court at the same time.

Contact OLPS

Visit nyc.gov/dca, email olps@dca.nyc.gov, or **contact 311** (212-NEW-YORK outside NYC) and ask for "Temporary Schedule Change Law."



Bill de Blasio
Mayor

Consumer
Affairs

Lorelei Salas
Commissioner

You have a right to be given this notice in English and in any language that is the primary language of at least 5 percent of the workers at your workplace if the translation is available on the DCA website.