



Office of Grants/Sponsored Programs

PERSON OF INTEREST (POI) DATA FORM

<b>EMPLOYMENT CATEGORY:</b>	RFCUNY	QSA	Other:	
<b>TYPE OF APPOINTMENT:</b>	New Hire	Reappointment	Re-Hire	
<b>TYPE OF POSITION:</b>	Administration	Teaching	Supervisor	
<b>TYPE OF ACCESS:</b>	CUNYFirst	QCC Id Card	QCC Email	Parking Permit
<b>TYPE OF SEPARATION:</b>	Resignation	End of Assignment	Termination	

**PERSONAL INFORMATION** (Please Print/Type): *Employees are responsible for completing and signing this section. When finished, please submit POI form to your supervisor. **For security reasons, do not email form.***

<b>*Last Name:</b>	<b>First Name:</b>	<b>MI:</b>
<b>Date of Birth:</b>	<b>Social Security Number:</b>	<b>Gender:</b>
<b>Highest Education Level:</b>	<b>CUNY Empl ID:</b>	
<b>House Address:</b>	<b>Apt#:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone#:</b>		
<b>Cell Phone#:</b>	<b>Email:</b>	
<b>POI's Signature:</b>	<b>Date:</b>	

**SUPERVISOR SECTION** (Please Print/Type): *Principal Investigator/Project Director is responsible for securely transmitting the completed and signed form directly to the Office of Grants/Sponsored Programs.*

<b>Employee's Appointment Start Date:</b>	<b>End Date:</b>
<b>Department:</b>	<b>Work Location:</b>
<b>PI/Supervisor:</b>	<b>Work Phone#:</b>
<b>Email:</b>	

<b>Grant Officer's Signature:</b>	<b>POI Submitted to QCC HR:</b>
-----------------------------------	---------------------------------