

INVESTIGATIVE SUMMARY CHECKLIST

	First Name	Middle Name	Last Name
Legal Name			
Chosen (Preferred) Name			

- ☐ I understand that my title requires me to be a resident of NYC and that I must establish New York City residency within 90 days of appointment or promotion. I understand that failure to establish NYC residency within 90 days of hire and/or maintain NYC residence may result in my forfeiture or termination of my employment. _____ Initial
- ☐ I understand that I must maintain Employment Authorization and report and status changes immediately to the Bureau of Human Resources, Office of Employee Compliance Services. _____ Initial
- ☐ I understand that as an employee of the City of New York, I may not serve in another position in the classified service of the City or other governmental jurisdiction without obtaining approval for such employment from the heads of both agencies. I further understand that DCAS approval must be obtained prior to accepting secondary employment when both employers are Mayoral agencies. _____ Initial
- ☐ I understand that, as a College Aide, I am required to submit proof of enrollment each school semester to continue employment/internship. Failure to submit proof of enrollment will result in forfeiture or termination of employment/internship. _____ Initial
- ☐ I understand that I should not resign from my current employer until I receive notification from the Agency regarding an employment start date. _____ Initial
- ☐ I understand that I have been informed of the right to join the union (if applicable) and that if I choose to join the union, I will be subjected to a union dues fee deduction, which is determined by the affiliated union. In addition, I understand that this form does not enroll me into a union and if applicable I must contact the affiliated union directly for membership enrollment. _____ Initial
- ☐ I understand that in accepting employment with the NYC Department of Health and Mental Hygiene I may be required to participate in agency-wide activities for emergency preparedness, crisis prevention and/or intervention. These assigned activities may require additional background clearances, including but not limited to, medical screening. I also understand that I will be required to participate in agency-wide trainings for advancing racial, gender and social equity. Failure to adhere to these requirements can result in forfeiture or termination of employment/internship. _____ Initial

I hereby certify that I have read the document in its entirety.

Candidate Signature

Date