



Bureau of Human Resources/Office of Employee Compliance Services  
42-09 28<sup>th</sup> St, 3<sup>rd</sup> Floor, Room 3-24, Box CN-39  
Long Island City, NY 11101

**INVESTIGATIVE SUMMARY CHECKLIST**

I, \_\_\_\_\_, was informed by \_\_\_\_\_,  
Candidate (Print Name) Compliance Specialist

on \_\_\_\_\_ of the following requirements:  
Today's Date

- 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 any 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 in order 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 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's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compliance Specialist

\_\_\_\_\_  
Date