

NEW YORK CITY COLLEGE OF TECHNOLOGY THE CITY UNIVERSITY OF NEW YORK 300 JAY STREET, BROOKLYN, NY 11201-1909 N-304 •Tel: (718) 260-5565 ADJUNCT WORKLOAD MANAGEMENT OFFICE INTER-OFFICE MEMORANDUM

INTERNAL APPROVAL FORM FOR HIRING A RETIREE

This form must be submitted & approved by all three individuals noted below prior to the instructor being given a section or assignment.

(Last Name)

- 1. Name of Retiree (First name) (M.I)
- 2. Title of Adjunct position
- 3. Period of Employment (Semester)
- 4. Department
- 5. Course & Section/assignment
- 6. Total # of Semester Hours
- 7. *Detailed reasons for hiring:

Approved	Denied	Signature of Dept. Chairperson/Coordinator	Date
Approved	Denied	Cignoture of Cohool Doon	Data
Approved	Denied	Signature of School Dean	Date
Approved	Denied	Signature of Provost	Date