



ADJUNCT APPOINTMENT

RECOMMENDATION for INITIAL APPOINTMENT, REACTIVATION or TITLE UPDATE of ADJUNCT INSTRUCTIONAL STAFF

Please email completed form to Dean's Office and submit a CV
or résumé for all New Hires, Rehires, and Title Changes

APPOINTMENT SEMESTER:

20

ACTION: NEW HIRE

SECOND TITLE

TITLE CHANGE

REHIRE Last semester at City Tech:

20

SECOND DEPT.

Active title:

LEGAL NAME OF CANDIDATE:

(LAST NAME)

(FIRST NAME)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DEPARTMENT/PROGRAM: _____

RANK/TITLE*: _____ SALARY/HOUR*: _____

**Rank/Title & Salary both start at the minimum level unless authorized by the Provost. Request for an exemption must be accompanied by written justification.*

OFFICE/LOCATION: _____ NYCCT PHONE: _____

Current or previous affiliation with CUNY? This applies to employment and student activity.

YES

NO

If **yes**, which campus? _____ If **yes**, which City Tech dept.? _____

If **yes**, please provide the candidate's EMPL (CUNYfirst) ID number: _____

FACULTY TEACHING INFORMATION ANTICIPATED ASSIGNMENT			
Course	Section	Workload Hours	Semester Hours Workload HRS X # of Weeks
TOTAL TEACHING HOURS			
PROFESSIONAL/OFFICE HOURS *			
TOTAL HOURS			

CLT or NON-TEACHING ADJUNCT INFORMATION ANTICIPATED ASSIGNMENT	
Job Description	Total Semester Hours
Semester Limits Fall: 225.00 - Winter: 75.00 - Spring: 225.00 - Summer: 175.00	

*Using the guide below, enter the correct number of Professional/Office hours in the shaded cells above.					
TOTAL SEMESTER HOURS, TEACHING		0.00 – 44.75	45.00 – 89.75	90.00 – 134.75	135.00 +
PROFESSIONAL AND/OR OFFICE HOURS	NO. OF WORKLOAD HOURS	0.00	1.00	2.00	3.00
	NO. OF SEMESTER HOURS	2.00	15.00	30.00	45.00

Chairpersons recommending a new adjunct instructional staff member needing an employment letter related to immigration status and ability to work should reach out directly to the Director of OFSR for next steps.

This is to certify that we have interviewed the candidate noted above, checked references and hereby recommend the appointment.

Signature of Chairperson/Program Coordinator

RESET FORM



The following pages contain two versions of an initial appointment letter for new adjunct faculty and CLTs.

The letters are completed and issued by the *Adjunct Workload Management Office*.

Please do not attempt to change the letters or data in any way.

Please do not send the letters to your candidate. AWMO will copy the Academic or Administrative Department when the letter is sent.

Thank you.



NEW YORK CITY
COLLEGE OF TECHNOLOGY
THE CITY UNIVERSITY OF NEW YORK
300 JAY STREET
BROOKLYN, NY 11201-1909
718.260.5000

Dear _____,

We are pleased to inform you that New York City College of Technology intends to appoint you to our faculty as follows:

Semester: 20
Title:
Department:

Contact Hours:
Office Hours, *if applicable*:
Initial Hourly Rate:

Please note, hourly rates are subject to updates per the [PSC-CUNY Salary Schedules](#). Appointments and assigned workload hours are subject to sufficiency of registration, changes in curriculum, and financial ability. Contractual workload limitations apply.

This offer of employment is conditional, contingent upon satisfactory completion of all hiring paperwork; verifications, including but not limited to, confirmation of identity and employment authorization, and of academic and professional credentials; and necessary employment and background checks.

Employees are expected to complete the following mandatory trainings once per academic year: (1) Ethics training; (2) Workplace Violence Training; (3) Employee Sexual Misconduct Prevention and Response Training; (4) Cybersecurity Awareness Training; and (5) Gender-Based Violence Training if you supervise an employee. This letter serves as notice that, per Article 15.2(b) of the PSC/CUNY Agreement, New York City College of Technology has designated the necessary amount of your office hours (up to a maximum of 6) to complete these mandatory trainings.

Please indicate, by signing below, whether you accept or decline to accept this position and email a

Very truly yours,

A handwritten signature in blue ink, appearing to read "Milton Santiago".

Milton Santiago

Interim President

I accept: _____

Date _____

I decline to accept: _____

Date _____



NEW YORK CITY
COLLEGE OF TECHNOLOGY
THE CITY UNIVERSITY OF NEW YORK
300 JAY STREET
BROOKLYN, NY 11201-1909
718.260.5000

Dear _____,

We are pleased to inform you that New York City College of Technology intends to appoint you to our staff as follows:

Semester: 20
Title:
Department:

Contact Hours:
Initial Hourly Rate:

Please note, hourly rates are subject to updates per the [PSC-CUNY Salary Schedules](#). Appointments and assigned workload hours are subject to sufficiency of registration, changes in curriculum, and financial ability. Contractual workload limitations apply.

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Date _____

I decline to accept: _____

Date _____