



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 <small>Workload HRS X # of Weeks</small>
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

Adjunct Appointment
Rev. 11/12/2024



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 the New York City College of Technology intends to appoint you in the title of _____
in the Department of _____
for the _____ 20 ____ academic semester. The appointment will be for _____ contact hours per week, with up to an additional _____ hours per week for the provision of office hours (if applicable), at the hourly rate of _____.

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, academic and professional credentials, and necessary employment and background checks.

Appointments and assigned workload hours are subject to sufficiency of registration, changes in curriculum and financial ability. Contractual workload limitations apply.

Please indicate your acceptance or declination of this offer below and return by email to
ISR@citytech.cuny.edu

A handwritten signature in black ink that reads "Russ Hotzler".

Russell K. Hotzler, 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 the New York City College of Technology intends to appoint you in the title of _____
in the Department of _____
for the _____ 20 ____ academic semester. The appointment will be for _____ hours for the semester, at the hourly rate of _____.

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, academic and professional credentials, and necessary employment and background checks.

Appointments and assigned workload hours are subject to sufficiency of registration, changes in curriculum and financial ability. Contractual workload limitations apply.

Please indicate your acceptance or declination of this offer below and return by email to
ISR@citytech.cuny.edu

A handwritten signature in black ink that reads "Russ Hotzler".

Russell K. Hotzler, President

I accept: _____

Date _____

I decline to accept: _____

Date _____