## **NEW YORK CITY COLLEGE OF TECHNOLOGY**

The City University of New York

## **AUTHORIZATION to EMPLOY LONG-TERM SUBSTITUTE SERVICE FORM**

(For Full Time or Adjunct Faculty)

DATE:		FROM:	FROM:				
		Department	Chairperson				
RE:		(Absent Instructor)	ent Instructor) Full Time		Adjunct		
REASON:		Period:		_ until	<del></del>		
Does the absent in	structor teach a	course, or part of a course,	, for extra cor	mpensation	(Full time facul	ty only)	
Yes	No	If yes, indicate course	code(s), secti	on number(	s)		
			OURSES TO I				
Course Code	Section	Date(s)	1		tute's Name	Adjunct or	Approved
			Hours			Full-Time	(Provost's/Evening Office Use Only)
a maximum of one	e course of not n	num of nine (9) classroom c nore than six (6) hours durin iclusive. Observance of the	ng a semester	at another	unit of the City U considered when	niversity of New Y	ork.
	_	up to 2 hours of substitute ce. Departments should kee	service each	semester as		ourtesy, before red	ceiving extra
•		sh to engage in additional e mittee. In no event may the		-	•		
		k faculty are prohibited ove reassigned time, and then o				•	ot currently using the
			NO.	TE			
		e advised that payment can APPOINTMENT FORM (PN2)		for at least (	one payroll period	d following submis	ssion of this form and the
If substitute service form.	e must be provi	ded <u><b>beyond</b></u> the period for v	which approv	al has been	granted on this fo	orm, it will be nece	essary to fill out another
Chair Signature		 					