

## **ADJUNCT APPOINTMENT**

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

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

## PLEASE TYPE ALL INFORMATION

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Please select one: NEW	HIRE OREHIRE	SECOND	TITLE CHANGE
SEMESTER: OFALL OS	SPRING OSUMMER*	20	
*FOR SUMMER TEACHING, PLEA	ASE INDICATE WHICH SESSIC	N(S): ()1S ().	1L
DEPARTMENT/PROGRAM:			
<u>LEGAL</u> NAME OF CANDIDATE: (LAST NAME)		(FIRST NAME)	SS#, LAST 4 ONLY
STREET ADDRESS:			
CITY:		STATE:	ZIP:
RANK/TITLE: SALARY/HOUR			OUR*:
OFFICE/LOCATION:  NOTE: This information will be used to post this time, or the person will not have an CURRENT OR PREVIOUS EMPLOYMENT	individual office/phone, please	use the department lo	le. If you do not know the location at cation and main telephone number.
IF YES, WHICH CUNY CAMPUS/CITYTECH DEPARTMENT?			
	ANTICIPATED ASS	SIGNMENT WORKLOA	D CEMECTED HOURS
COURSE NAMI	E SECTIO	N HOURS	ND SEMESTER HOURS WORKLOAD HRS X 15
ADJUNCT PROFESSIONAL HOURS Please enter 15 if teaching 6 or more workload hours			
except full-time faculty and staff teaching for extra compensation			
TOTAL HOURS			
This is to certify that we have in hereby recommend his/her ap		e noted above, ch	necked references and

\*Salary is minimum starting rate and rank unless authorized by the Provost. Request for exemption to this rule must be accompanied by written justification.

Date

Signature of Chairperson/Program Coordinator