



NEW YORK CITY COLLEGE OF TECHNOLOGY

THE CITY UNIVERSITY OF NEW YORK

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EVENING & SUMMER SESSIONS 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.

1. Name of Retiree
(First name) (M.I) (Last Name)
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 | Signature of School Dean | Date |
| | | | |
| Approved | Denied | Signature of Provost | Date |
| | | | |