PN707C: 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

Please select one: ◯ NEW HIRE ◯ REHIRE ◯ SECOND TITLE ◯ TITLE CHANGE

SEMESTER: ◯ FALL ◯ SPRING ◯ SUMMER* 20_____

**FOR SUMMER TEACHING, PLEASE INDICATE WHICH SESSION(S):* ◯ *1S* ◯ *1L* ◯ *2S* ◯ *2L*

DEPARTMENT/PROGRAM: _____

LEGAL NAME OF CANDIDATE: _____ _____ SS#, LAST 4 ONLY _____
(LAST NAME) (FIRST NAME)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RANK/TITLE: _____ SALARY/HOUR*: _____

OFFICE/LOCATION: _____ EXTENSION: _____

NOTE: This information will be used to populate the Faculty or Staff member's GroupWise profile. If you do not know the location at this time, or the person will not have an individual office/phone, please use the department location and main telephone number.

CURRENT or PREVIOUS EMPLOYMENT AT ANOTHER CUNY CAMPUS? ◯ YES ◯ NO

IF YES, WHICH CUNY CAMPUS/ES: _____

ANTICIPATED ASSIGNMENT			
COURSE NAME	SECTION	WORKLOAD HOURS	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 interviewed the candidate noted above, checked references and hereby recommend his/her appointment.

_____ _____
Signature of Chairperson/Program Coordinator Date

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

RESET FORM