



LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

RECOMMENDATION FOR APPOINTMENT

Date:

(click and press the down arrow to select date from calendar)

EMPLOYEE INFORMATION

Name:			
CUNYfirst EMPID:		SSN(4 Digits):	
Title:		Department:	
Job Code:		Report to:	

Approved
by

Signature:

Date:

Print Name:

(click and press the down arrow to select date from calendar)

(Chairperson, Director or Supervisor)

Approved
by

Signature:

Date:

Print Name:

(click and press the down arrow to select date from calendar)

(President, Vice President or Dean)

HUMAN RESOURCES CHANGE FORM

Type of Action:		List of Sessions:	<input type="text"/>
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Enter Effective Dates:	From: <input type="text"/>	To: <input type="text"/>	(press the down arrow and select from drop down list)
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Annual Salary:	<input type="text"/>	Hourly Rate:	<input type="text"/>
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Number of Hours:	<input type="text"/>	Number of Office Hours:	<input type="text"/>	Total Amount:	<input type="text"/>
<small>(Exclude office hours for hourly teaching titles)</small>		<small>(Applicable to hourly teaching titles only)</small>			

Remarks:	<input type="text"/>
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Approved
by

Signature:

Date:

Print Name:

(click and press the down arrow to select date from calendar)

(Human Resources)

BUDGET ACTION

Dept.# - Fund - MP - Oper Unit - Program - Funding Srce - Special Init - Dept with Program Name

Approved
by

Signature:

Date:

Print Name:

(click and press the down arrow to select date from calendar)

(Budget Office)