



LaGUARDIA COMMUNITY COLLEGE

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

RECOMMENDATION FOR APPOINTMENT

EMPLOYEE INFORMATION

Date:

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

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

Approved
by

Signature:

Print Name:

Date:

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

(Chairperson, Director or Supervisor)

Approved
by

Signature:

Print Name:

Date:

(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:	
Enter Effective Dates:	From:	To:	(press the down arrow and select from drop down list)	

Annual Salary:		Hourly Rate:	
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Number of Hours:		Number of Office Hours:		Total Amount:	
(Exclude office hours for hourly teaching titles)		(Applicable to hourly teaching titles only)			

Remarks:				
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Approved
by

Signature:

Print Name:

Date:

(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

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Approved
by

Signature:

Print Name:

Date:

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

(Budget Office)