

HUNTER

The City University of New York

DATE _____

<input type="checkbox"/> FALL SEMESTER
<input type="checkbox"/> WINTER SESSION
<input type="checkbox"/> SPRING SEMESTER
<input type="checkbox"/> SUMMER SESSION

RECOMMENDATION FOR PERSONNEL ACTION
(ORIGINAL FORM TO BE SUBMITTED TO OFFICE OF HUMAN RESOURCES)

GENERAL INFORMATION	NAME: LAST _____ FIRST _____ M. I. _____	HOURLY EMPLOYMENT ONLY	INSTRUCTIONAL STAFF		
	ADDRESS: _____ NUMBER AND STREET _____		NON-TEACHING: _____ HOURS		
	CITY _____ STATE _____ ZIP CODE _____		TEACHING: _____ HOURS		
	TELEPHONE (____) _____		PROFESSIONAL: _____ HOURS		
	SOCIAL SECURITY NO. _____		TOTAL RECOMMENDED: _____ HOURS		
	DEPT. NAME _____		PROJECTED SALARY FOR SEMESTER: \$ _____		
	TITLE _____		CLASSIFIED SERVICE		
	POSITION NO. _____		BUDGETED HRS: YEAR _____ WEEK _____		
	BUDGET NO. _____		INITIAL DATE OF APPOINTMENT _____		
	CLASSIFIED SERVICE STATUS: _____		IS THE EMPLOYEE CURRENTLY WORKING AT A CUNY COLLEGE? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, COLLEGE: _____		
PAY RATE \$ _____ PER _____					

ACTIONS	EFFECTIVE DATE OF ACTION: From _____ To _____	<input type="checkbox"/> PROMOTION/RECLASSIFICATION – FORMER TITLE _____
	<input type="checkbox"/> APPOINTMENT	<input type="checkbox"/> CHANGE OF TITLE – FORMER TITLE _____
	<input type="checkbox"/> REAPPOINTMENT (CHECK BELOW IF ANY APPLY)	<input type="checkbox"/> SPECIAL INCREMENT – FORMER RATE \$ _____
	<input type="checkbox"/> CERTIFICATE OF CONTINUOUS EMPLOYMENT	<input type="checkbox"/> TRANSFER – FROM _____
	<input type="checkbox"/> CERTIFICATE OF CONTINUAL ADMINISTRATIVE SERVICE	TO _____
	<input type="checkbox"/> PERMANENCY	<input type="checkbox"/> SEPARATION (ATTACH LETTER)
	<input type="checkbox"/> TENURE	<input type="checkbox"/> EXPIRATION OF APPOINTMENT
	<input type="checkbox"/> REVISION OF PREVIOUS ACTION (EXPLAIN IN REMARKS)	<input type="checkbox"/> RETIREMENT
	<input type="checkbox"/> LEAVE OF ABSENCE	<input type="checkbox"/> RESIGNATION
	TYPE: _____	<input type="checkbox"/> TERMINATION
TERMS: _____	<input type="checkbox"/> OTHER: _____	
_____ (ATTACH APPLICATION)	_____	

REMARKS	
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APPROVALS	DEPARTMENT CHAIRPERSON/ DIRECTOR _____ DATE _____	BUDGET _____ DATE _____
	DEAN _____ DATE _____	HUMAN RESOURCES DIRECTOR _____ DATE _____
	VICE PRESIDENT/ PROVOST _____ DATE _____	PRESIDENT'S SIGNATURE _____ DATE _____

APPROVED BY COMMITTEE ON FACULTY PERSONNEL AND BUDGET _____ CUPS HCTMLV OTHER _____