

Semester \_\_\_\_\_

of The City University of New York

695 Park Avenue, New York, N.Y. 10021

## TEACHING ADJUNCT APPOINTMENT LETTER REVISION 1<sup>st</sup> Revision Date: 2<sup>nd</sup> Revision Name: 3<sup>rd</sup> Revision Address: Department \_\_\_\_\_: Dear : has been made. Please note the changes in the following area(s): From: \_\_\_\_\_ To: \_\_\_\_\_ Period of Employment From: \_\_\_\_\_\_ To: \_\_\_\_\_ Number of Teaching Hours Number or Professional Hours From: To: \_\_Rate From: To: \_\_\_\_ Total Salary From: \_\_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Position Number

Please sign this letter to signify your acceptance. Retain a copy for your records before returning the signed letter. Thank you.

We look forward to having you with us.	Comments:		
Sincerely,			
Chairperson's Signature			
APPROVED:		ACCEPTED:	
Dean's Signature Date		Employee's Signature	Date
Vice President's for Administration Signature Date			
		SOCIAL SECURITY NO.	
Cc: Appointee Benefits Department Payroll	Region Budget		