

Semester _____

of The City University of New York

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

TEACHING ADJUNCT APPOINTMENT LETTER REVISION 1st Revision Date: 2nd Revision Name: 3rd 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		