

HUNTER

The City University of New York

DATE _____

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

REMARKS	
----------------	--

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 _____