

Office of Human Resources 695 Park Avenue E1502 New York, NY 10065 Tel:212-772-4451 Fax:212-650-3889

APPOINTMENT LETTER

Date:							
Name:							
Address:							
Dear	:						
I am pleased to recommend you	for						
in the			,	with the fo	ollowing condition	ns of employment:	
Title:				Position No.			
Period of Employment				Annual Salary			
Full Year Appointment: 1 st	2 nd	3 rd 4	th 5 th	•	6 th 7 th		
Full Year Appointment (Lecturer/	Lecturer Doc Sche	ed, CLT): 1 st	2 nd	3 rd	4 th	5 th	
HEO Series Only: 1 st Full Yr	. 1 st Reappt	2 nd Reap	opt 3 rd	Reappt	4 th Reapp	ot 5 th Reappt	
This offer of employment is conc and professional credentials, nea There is no presumption of emp laws of the City University of promulgated under and consisten	cessary employment loyment beyond the New York, the co	nt and backgrour e period indicate ollective bargaini	nd checks, fiscand checks, fiscand checks, fiscand checks, fixed checks,	al ability and co	d approval by the approval by the conditions of emp	ne CUNY Board of Tro loyment are those in t	ustees. he By-
Please sign this letter to signify yo	our acceptance.						
We look foward to having you with	n us.						
Sincerely,							
Chairperson/ Dept. Head	 Dean				President/ F	Provost	
Vice President	Appointee	Signature	Date		Last 4 of S	SN.	
		Comme	ents				
Cc: Budget Payroll Benefits Region Department Appointee Time & Leave							