



of The City University of New York  
695 Park Avenue, New York, N.Y. 10021

Semester \_\_\_\_\_

**ADJUNCT APPOINTMENT LETTER REVISION**

Date:  
Name:  
Address:

\_\_\_ 1<sup>st</sup> Revision  
\_\_\_ 2<sup>nd</sup> Revision  
\_\_\_ 3<sup>rd</sup> Revision

Department: \_\_\_\_\_

Dear \_\_\_\_\_:

A revision to your original appointment for the \_\_\_\_\_ (semester) has been made. Please note the changes in the following area(s):

_____ Period of Employment	From: _____	To: _____
_____ Number of Teaching Hours	From: _____	To: _____
_____ Number or Professional Hours	From: _____	To: _____
_____ Rate	From: _____	To: _____
_____ Total Salary	From: _____	To: _____
_____ Position Number	From: _____	To: _____

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.

Sincerely,

\_\_\_\_\_

APPROVED:

ACCEPTED:

\_\_\_\_\_  
Chairperson / Administrator's Signature      Date

\_\_\_\_\_  
Employee's Signature      Date

\_\_\_\_\_  
Dean's Signature      Date

\_\_\_\_\_  
SOCIAL SECURITY NO.