



Semester _____

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

ADJUNCT APPOINTMENT LETTER

Date:
Name:
Address:

Dear _____:

I am pleased to recommend you for _____ without tenure
in the _____, with the following conditions of employment:

Title: _____ Period of Employment _____

Teaching: _____ Hours
Professional: _____ Hours
Total Recommended: _____ Hours _____ Rate Total Salary per Semester _____

This recommendation is subject to sufficiency of registration, changes in curriculum, financial ability and the approval of the CITY UNIVERSITY of NEW YORK. There is no presumption of employment beyond the period indicated. The other terms and conditions of employment are those in the By-laws of the City University of New York, the collective bargaining agreement existing in the University and the rules and policies promulgated under and consistent with such By-laws and agreements.

Please sign this letter to signify your acceptance and complete the attached form(s). Make a copy of this letter for your records before returning the signed letter and completed form(s). Thank you.

We look forward to having you with us.

Sincerely,

Chairperson's Signature

Comments:

APPROVED:

I accept the offer:

Dean's Signature Date

Employee's Signature Date

Vice President's for Administration Signature Date

SOCIAL SECURITY NO.

Cc: Appointee Benefits Budget Department Payroll Region