



of The City University of New York

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

Semester _____

APPOINTMENT LETTER

Date:
Name:
Address:

Dear _____:

I am pleased to recommend you for _____
in the _____, with the following conditions of employment:

Title: _____ Position No. _____

Period of Employment _____ Annual Salary _____

Full Year Appointment: 1st 2nd 3rd 4th 5th

This recommendation is subject to 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,

Approved:

Dean of _____

ACCEPTED _____ DATE

Approved:

Chairperson

Vice President for Administration

SOCIAL SECURITY NO.

Approved:

Provost _____

Comments:

Cc: Budget
Payroll
Benefits
Region
Department
Appointee