

Central Connecticut State University

Recommendation for University Assistant Appointment Fiscal Year 2006-2007

Renewal _____ New Appointment _____

Social Security Number: |__|__|__| - |__|__| - |__|__|__|__| (if new employee)

CCSU ID# |__|__|__|__|__|__|__|__|

Name: _____
Last First MI

Address: _____
Street

City State Zip Code

Telephone #: (_____) _____ - _____

Department: _____ Supervisor: _____

Alternate/Proxy: _____

Duties: _____

Approver: |__|__|__|__|__|__|

Start Date ____/____/____

Position Code: |__|__|__|__|__|

End Date ____/____/____

Banner Index: |__|__|__|__|__|__|

Total Weeks: _____

Total Salary for 2005-06 Employment Period:

\$ _____ (rate/hour) x _____ (hours/week)* x _____ (total weeks) = \$ _____

*The number of hours assigned and worked by the University Assistant may not exceed an average of 19 hours per week for the term of the employment. Hours worked may not exceed 40 hours per week.

Recommended by _____ (Supervisor) Date _____

Approved by _____ (Dean, Director, etc.) Date _____

Approved by _____ (Executive Officer) Date _____

Approved by _____ (Grants-for **ALL** Grants) Date _____

New appointments ONLY:

(To be filled in after appointment is approved) Date of Birth ____/____/____ Race _____ Sex M / F

For Personnel Office Use Only

Citizen Y / N I-9 _____ W-4 _____ Employee # _____
If No – VISA or PRA