

SUFFOLK COUNTY COMMUNITY COLLEGE
 REQUEST FOR PART-TIME EMPLOYEES AND
 REQUEST FOR GRANT EMPLOYEES

1. Social Security No.	2. Last Name	3. First Name	4. Middle Initial
5. Account No.	6. Loc.	7. Spec.	8. Title
10. Sched Hrs. Per Week	11. Pay Rate	12. Total Hours	13. Total Dollars
			14. This Request Is for (check one)
			<input type="checkbox"/> New Appointment
Department:		Supervisor:	
			Change #
Employee Office Location:		Telephone Extension:	
			Termination - Date:

PART TIME EMPLOYEE JUSTIFICATION

REQUESTING OFFICE: Complete all numbered sections above. Check the college procedures for part-time employees for instructions account no., loc. codes, etc. Forward this form to the campus Business Office. Retain a photocopy of this form for your records.

What is the nature of the work that the employee will perform?

Please explain why the work cannot be performed by current full-time employees.

If person is not a College Aid, please identify job responsibilities that justify title and pay rate.

_____ Checks of _____ Each Dates: _____

Prepared By: _____	Date: _____
Dep't Head Approval: _____	Date: _____
Dean Approval: _____	Date: _____

CAMPUS BUSINESS OFFICE Received Init Date	CAMPUS DEANS OFFICE Received Init Date	CENTRAL BUSINESS OFFICE Received Init Date	CENTRAL PAYROLL OFFICE Received Init Date
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