

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

**Check Here if Nepotism Form On File**

|                               |              |                                   |                   |   |
|-------------------------------|--------------|-----------------------------------|-------------------|---|
| 1. ID No./Social Security No. | 2. Last Name | 3. First Name                     |                   | 4. Middle Initial   |
| 5. OLD (IFMS) Account No.     | 6. Loc.      | 7. Spec.                          | 8. Title          | 9. Scheduled Work Period                                  |
| 5A. BANNER Account No.        |              | Name of the Grant (if applicable) |                   | 14. This Request Is for (check one)                       |
|                               |              |                                   |                   | INITIAL APPOINTMENT<br><small>(pay pack required)</small> |
| 10. Sched Hrs. Per Week       | 11. Pay Rate | 12. Total Hours                   | 13. Total Dollars | New Assignment  |
| 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?

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

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

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\_\_\_\_\_ Checks of \_\_\_\_\_ Each      Dates: \_\_\_\_\_

|                      |        |       |
|----------------------|--------|-------|
| Prepared By:         | Phone: | Date: |
| Dep't Head Approval: | Phone: | Date: |
| Dean Approval:       | Phone: | Date: |

|  |   |   |  |
|--|---|---|--|
| CAMPUS BUSINESS OFFICE<br>Received<br><br>Init      Date | CAMPUS DEANS OFFICE<br>Received<br><br>Init      Date | CENTRAL BUSINESS OFFICE<br>Received<br><br>Init      Date | CENTRAL PAYROLL OFFICE<br>Received<br><br>Init      Date |
|--|---|---|--|