

SUFFOLK COUNTY COMMUNITY COLLEGE
1126 FOR PART-TIME HOURLY EMPLOYEES

All sections must be complete. Please check College procedures for additional instructions.
1126 FORMS MUST BE APPROVED AND RECEIVED IN PAYROLL BEFORE AN EMPLOYEE MAY BEGIN WORKING

This request is for (check one):	Initial Hire <small>(Pay Pack Required)</small>	New Assignment	Termination _____	Last Date Worked	Change
ID Number: _____ Last Name _____ First Name _____ Middle Initial _____					
Campus Location _____ Title _____ Name of Grant (if applicable): _____					
Banner Org/Account: _____ Scheduled Work Period: _____ Scheduled Hrs Per Week: _____					
Pay Rate: _____ Total Hours: _____ Total Dollars: _____ Department: _____					
Supervisor: _____ Employee Office Location: _____ Ext: _____					

Part Time Employee Justification & Details

1. **Please explain why the work is essential, why it must be performed this semester and/or why the work cannot be performed by current employees.**

2. **Specifically identify the tasks to be performed and the expected outcomes.**

3. **Please detail assigned work responsibilities and all hours/credit hours currently given to the individual identified on this 1126 form.**

4. **Please detail termination or change reason.**

Originator: _____ Phone: _____ Date: _____
(Print Name) (Signature)

Approvals

Dept Head/Dean: _____	Date: _____
Assoc. Dean/Vice President: _____	Date: _____
Assoc. Dean for Sponsored Programs (if applicable): _____	Date: _____
VP, Institutional Advancement (if applicable): _____	Date: _____
Campus Business Office: _____	Date: _____
Campus Executive Dean's Office: _____	Date: _____
VP, Business and Financial Affairs: _____	Date: _____
AVP, Human Resources: _____	Date: _____