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

Check Here if Nepotism Form On File

1. ID No.	2. Last Name	3. First Name	4. Middle Initial

5.Pos. #-Suffix (Payroll Use)	6.Campus Location	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 (pay pack required)

10. Sched Hrs. Per Week	11. Pay Rate	12. Total Hours	13. Total Dollars	
				New Assignment

Department:	Supervisor:	Change
Employee Bldg/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.
Failure to fully complete all sections will result in this form being returned to the originating office.

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.

Has the person worked as a College Aide in the past 12 months?   Yes   No

If the person is not a College Aide, please identify job responsibilities that justify pay rate.

_____ Checks of _____ Each   Dates: _____

Originator:	Phone:	Date:

Recommended for Approval:(Dept. Head/Dean)**   Date:
**I certify that the above information is true and accurate and the request
is necessary for the operation of the College & funds are available and   Phone:
budgeted

Grants Dept (if required) Approval: Date: VP Inst Adv Approval: Date:

CAMPUS BUSINESS OFFICE Received	CAMPUS EXEC DEAN'S OFFICE Received	CENTRAL BUSINESS OFFICE Received	CENTRAL PAYROLL OFFICE Received
Init_____ Date_____	Init_____ Date_____	Init_____ Date_____	Init____ Date_____

1126 (Revised 11/2014)