SUFFOLK COUNTY COMMUNITY COLLEGE

REQUEST FOR PART-TIME WORK AND REQUEST FOR GRANT EMPLOYEES

Requesting Office: Complete all of the sections below. Check College procedures for additional instructions.
ALL 1126 FORMS NEED TO BE SIGNED OFF PRIOR TO THE WORK BEING PERFORMED

Please check one: Instructional Position ☐ Non-Instructional Position ☐ Check here if Nepotism Form on File ☑

This request is for (check one): Initial Appointment ☐ (Pay Pack Required) New Assignment ☐ Termination ☐ Date:_____ Change ☐ Reason:_____

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

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. **If GRANT funded, please detail all hours/credit hours to be performed by the employee for the Grant.**

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

Approvals

Dept Head/Dean:_____ Date:_____

Assoc.Dean/Vice President:_____ Date:_____

Assoc. Dean for Sponsored Programs (if applicable):_____ Date:_____

V**P, 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:_____

Office of the President: _____ Date:_____

FOR PAYROLL USE ONLY

Position # Suffix:_____ _____**Checks of** _____**Each** **Dates:** _____