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 (pay pack required)
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?

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:	Phone:	Date:
Dep't Head Approval:	Phone:	Date:
Dean Approval:	Phone:	Date:

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

SCCC 1126Amm 09/09