

**Central Connecticut State University**  
**Recommendation for**  
**University Assistant Appointment**  
**Fiscal Year 2018-2019**

Renewal \_\_\_\_\_ New Appointment \_\_\_\_\_

CCSU ID# | | | | | | | | | |

Name: \_\_\_\_\_  
 Last First MI

Address: \_\_\_\_\_  
 Street

City State Zip Code

Home #: ( ) - Cell #: ( ) -

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Please use either # 1 or 2

1. If working full fiscal year 2. If working partial fiscal year

Start Date 06/22/2018 Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position #: | | | | | | | | | |

End Date 06/20/2019 End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Banner Index: | | | | | | | | | |

Total Weeks: 52 Total Weeks: \_\_\_\_\_ Total

Salary for 2018-19 Employment Period:

\$ \_\_\_\_\_ (rate/hour) x \_\_\_\_\_ (hours/week)\* x \_\_\_\_\_ (total weeks) = \$ \_\_\_\_\_

\*The number of hours assigned and worked by the University Assistant may not exceed an average of 19 hours per week for the term of the employment. Hours worked may not exceed 40 hours per pay week.

Recommended by \_\_\_\_\_ (Supervisor) Date \_\_\_\_\_  
Print name / Signature

Approved by \_\_\_\_\_ (Dean, Director, etc.) Date \_\_\_\_\_  
Print name / Signature

Approved by \_\_\_\_\_ (Executive Officer) Date \_\_\_\_\_  
Print name / Signature

Approved by \_\_\_\_\_ (Grants-for ALL Grants) Date \_\_\_\_\_  
Print name / Signature

*New appointments ONLY:*

(To be filled in after appointment is approved) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_ Sex M/F

**For Human Resources Use Only**

**Human Resources Received** \_\_\_\_\_

Citizen Y / N W-4 \_\_\_\_ CT W-4 \_\_\_\_ Ethics/Violence Prevention Policy \_\_\_\_

If No – VISA or PRA I-9 \_\_\_\_ BKGRD \_\_\_\_ Employee # \_\_\_\_\_