



Central Connecticut State University

Recommendation for University Assistant Appointment Fiscal Year 2024-2025

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

Position #:

Start Date 06/28/2024 Start Date

End Date 06/26/2025 End Date

Banner Index:

Total Weeks: 52 Total Weeks: Total

Salary for 2024-25 Employment Period:

\$ (rate/hour) x (hours/week)* x (total weeks) = \$ (cannot exceed \$24,000)

*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 PRA I-9 BKGRD Employee #