Central Connecticut State University Recommendation for University Assistant Appointment Fiscal Year 2025-2026		
Renewal: New Appointment:		
CCSU ID#		
Name: Last	First	MI
Address: Street		
City	State	Zip Code
Home #:	Cell #:	_
Department:	Supervisor:	
Duties:		
Please use <b>either</b> option # 1 <b>or</b> 2:	<ol> <li>If working full fiscal year</li> <li>If working payeer</li> </ol>	
	Start Date 06/27/2025 Start Date	This must be the start of a pay period
Banner Index:	End Date 06/25/2026 End Date	
	Total Weeks: <u>52</u> Total Weeks:	Total
Salary for 2025-26 Employment Period:		
\$ (rate/hour) x (hours/week)* x	(total weeks) = \$	(cannot exceed \$24,000)
*The number of hours assigned and worked by the University for the term of the employment. Hours worked may not e		je of 19 hours per week
Recommended by	(Supervisor) Date	
Print name / Signature Approved by	(Dean, Director. etc.) Date	
Print name / Signature		
Approved by Print name / Signature		
Approved by Print name / Signature	(Grants-for ALL Grants) Date	
For Human Resources Use Only		
Human Resources Received: Position #_		
	CT W-4 Ethics/Violence Preve BKGRD Employee #	•

Revised 04/29/2025

Please email completed form to: olivia.duncan@ccsu.edu