

Today's Date: \_\_\_\_\_

This form is ONLY for part-time lecturers who are being re-appointed in CPS within twelve (12) months of their last appointment.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ NUID: \_\_\_\_\_

Position #: \_\_\_\_\_ Position Title: \_\_\_\_\_ Rehire Date: \_\_\_\_\_

Salary: \_\_\_\_\_ # of Payments: \_\_\_\_\_ Appointment End Date: \_\_\_\_\_

**Funding Information**

Index	Account	Percentage

Home Organization Code (i.e. 104010 - Marino Center): \_\_\_\_\_

**Comments (include course numbers if required by your college)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approvals**

Form Originator: \_\_\_\_\_ Phone Ext: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Here

Dean: \_\_\_\_\_ Phone Ext: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Here

HR Operations: \_\_\_\_\_ Phone Ext: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Here

**HRM ONLY**

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