

## **Part Time Lecturer Rehire Form**

Today's Date

This form is <u>ONLY</u> for part-tin	me lecturers who are being re	e-appointed within twelve (12)	months of their last appointmen	nt.
First Name	Middle, I	oct.	NI IID.	
			NUID:	
Position #:	Position Title:		_ Rehire Date:	
Salary:	# of Payments:	Appointment End	Date:	
Funding Information	<u>on</u>			
Index	Account	Percentage		
mucx	Account	%		
		%		
		%		
		%		
Home Organizatio	n Code (i.e. 104010 -Marin	o Center):		
Tiome Organization		- Centery.		
Comments (include course	numbers if required by yo	our college)		
<u>Approvals</u>				
Form Originators		Dha	una Eutr	
Form Originator:	Prin	t Here	one Ext: Date:	
Dean:	Drint Horo	Phone E	kt Date:	
HR Operations:	Print Here	Phone F	xt Date:	
TIN Operations.	Print Here	THORE E	Att Date	
HRM ONLY				
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