

**RECOMMENDATION FOR APPOINTMENT**

NAME		PHONE	
ADDRESS		APT.	
		SOC. SEC#	XXX-XX-
TITLE		DEPT.	
TITLE CODE		REPORTS TO	
<b>APPROVED</b> Print and Sign Name:			(DATE)
	(Chairperson or Supervisor)		
<b>APPROVED</b> Print and Sign Name:			(DATE)
	(President, Vice President or Dean)		

**PERSONNEL CHANGE FORM**

TYPE OF ACTION		SESSION	
EFFECTIVE DATES	FROM:		TO:
CUNYFirst BUDGET CODE		ANNUAL SALARY	
HOURLY RATE		NUMBER OF HRS:	TOTAL
REMARKS			
<b>APPROVED</b> Print and Sign Name:			(DATE)
	(Human Resources)		
<b>APPROVED</b> Print and Sign Name:			(DATE)
	(Budget Office)		

**PAYROLL ACTION**

FUNDS ENCUMBERED "\$"		FUNDING CONFIRMED		DATE	
<b>APPROVED</b> Print and Sign Name:					(DATE)
	(Payroll Office)				

**BUDGET ACTION**

IF FUNDS ARE NEEDED FOR THIS ACTION, PLEASE DEDUCT THEM FROM:

(Dept.)	(Exp. Code)	(Position #)
NEW POSITION		
REPLACE/REFILL EXISTING POSITION		NAME/INCUMBENT
<b>APPROVED</b> Print and Sign Name:		
	(Budget Office)	
THIS PRINTED COPY IS FOR	→	