

F.H. LaGuardia Community College
31-10 Thomson Avenue
Long Island City, NY 11101

JUSTIFICATION FORM FOR COLLEGE ASSISTANTS

TYPE OF ACTION:

New Appointment

Reappointment
with increase
in pay

Increase in pay
new job title

NAME: _____

EDUCATION

HIGHEST

LEVEL: _____ DEGREE: _____ INSTITUTION: _____

EXPERIENCE:

BRIEF JOB DESCRIPTION:

HOURLY POSITION CATEGORY #: _____ FUNCTIONAL TITLE: _____
(See Reverse Side) (I, II, III)

PROPOSED HOURLY RATE: \$ _____

CATEGORY MAXIMUM: \$ _____ MINIMUM: \$ _____

For new hiring above category minimum, or for increase in pay, please justify:

APPROVED: _____
Supervisor/ Department

DATE: _____

APPROVED: _____
Chairperson/ Department

DATE: _____

APPROVED: _____
Vice President/ Dean/ Division

DATE: _____

