

SUFFOLK COUNTY COMMUNITY COLLEGE

REQUEST FOR PART-TIME WORK AND REQUEST FOR GRANT EMPLOYEES

Requesting Office: Complete all of the sections below. Check College procedures for additional instructions. ALL 1126 FORMS NEED TO BE SIGNED OFF PRIOR TO THE WORK BEING PERFORMED

Please check one: Instructional Position Non-Instructional Position Check here if Nepotism Form on File

This request is for (check one): Initial Appointment (Pay Pack Required) New Assignment Termination Date: Change Reason:

ID Number: Last Name First Name Middle Initial

Campus Location Title Name of Grant (if applicable):

Banner Org/Account: Scheduled Work Period: Scheduled Hrs Per Week:

Pay Rate: Total Hours: Total Dollars: Department:

Supervisor: Employee Office Location: Ext:

Part Time Employee Justification

1. Please explain why the work is essential, why it must be performed this semester and/or why the work cannot be performed by current employees.

2. Specifically identify the tasks to be performed and the expected outcomes.

3. Please detail assigned work responsibilities and all hours/credit hours currently given to the individual identified on this 1126 form.

4. If GRANT funded, please detail all hours/credit hours to be performed by the employee for the Grant.

Originator: (Print Name) (Signature) Phone: Date:

Approvals

Dept Head/Dean: Date:

Assoc. Dean/Vice President: Date:

Assoc. Dean for Sponsored Programs (if applicable): Date:

VP, Institutional Advancement (if applicable): Date:

Campus Business Office: Date:

Campus Executive Dean's Office: Date:

VP, Business and Financial Affairs: Date:

AVP, Human Resources: Date:

Office of the President: Date:

FOR PAYROLL USE ONLY

Position # Suffix: Checks of Each Dates: