



Needed for all persons working at Brooklyn College requiring access to its computer systems, but not on the college payroll.

Appointment Information

Academic Year: _____ Appointment Dates: _____ to _____
Month Day Month Day

Department: _____ Teaching Non-Teaching

Term: (Check all that may apply for the academic year if teaching)

Fall Semester Winter Intersession Spring Semester

Title:

Graduate Teaching Fellow Other: _____
(If other, indicate funding source, e.g.: Bronx Zoo)

Employee Information

Empl ID: _____

Last Name: _____ First Name: _____

Date of Birth: _____ / _____ / _____
month day year

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Has employee worked at another CUNY college? No Yes. If yes, where? _____

CUNY Email Address: _____

Approved by: _____ Date: _____
Department Chair/Dean or Designee

HRS Office Only

<input type="checkbox"/> New <input type="checkbox"/> Revised	Entered: _____
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