



LEHMAN
COLLEGE

Department of
Human Resources

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LEHMAN COLLEGE
THE CITY UNIVERSITY OF NEW YORK
RECOMMENDATION FOR CLASSIFIED STAFF PERSONNEL ACTION

SOCIAL SECURITY NO. _____

NAME MS _____
MR LAST FIRST MI

BUDGET OFFICE USE ONLY

LINE NO. _____ BAF _____

DEPT. CODE: _____

TITLE CODE: _____

POSITION NO.: _____

FAS CODE: _____

ADDRESS _____
STREET

CITY STATE ZIP CODE

TITLE CODE _____ TITLE _____

TITLE CODE _____ DEPT. _____

TYPE OF ACTION

APPOINTMENTS

CATEGORY

LEAVES

SEPARATIONS

INITIAL APPOINTMENT

REAPPOINTMENT

REVISION

RETURN TO DUTY

TRANSFER FROM: _____

SALARY/LEVEL CHANGE _____

OTHER _____

PERMANENT

PROBABLE PERMANENT

LIST NO. _____

PROVISIONAL

TEMPORARY

OTHER _____

TERMINAL

FMLA SLOAC
(CIRCLE ONE)

WITH WITHOUT PAY

DISABILITY

WITH WITHOUT PAY

SUSPENSION

OTHER _____

RETIREMENT

RESIGNATION

TRANSFER TO _____

NON REAPPOINTMENT

TERMINATION

OTHER _____

LAST DAY WORKED _____

FULL TIME APPOINTMENT

SALARY \$ _____

START DATE _____

END DATE _____

HOURLY APPOINTMENT

WORK HOURS _____

ANNUAL LEAVE _____ START DATE _____ END DATE _____ GPA _____

SICK LEAVE _____

TOTAL HOURS _____ x SALARY RATE \$ _____ = \$ _____ TOTAL BUDGETED

OF CREDITS COMPLETED _____

REMARKS

Approved by: _____

Title: _____

Date: _____

Approved by: _____
Division Dean

Date: _____

Approved by: _____
Vice President

Date: _____

Approved by: _____
Department Chair/Director

Date: _____

Approved by: _____
Human Resources Director

Date: _____

Approved by: _____
President

Date: _____

RECD IN HR: _____

RET TO HR: _____

