



OFFICE OF HUMAN RESOURCES (OHR)  
 1650 Bedford Avenue, Brooklyn, NY 11225  
 (718) 270-6910 (PHONE) ~ (718) 270-6909 (FAX)

**Part-Time Assignment**

**Name:**

**Date:**

The College is pleased to offer you a part-time temporary appointment as a College Assistant during Fiscal Year

\_\_\_\_\_:

- **Department/Office:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_
- **Funding Source:** \_\_\_\_\_ **Hours Approved Per Week:** \_\_\_\_\_
- **Hourly Rate:** \_\_\_\_\_ **Total Hours Allocated:** \_\_\_\_\_
- **Full Time CUNY Student:** Yes \_\_\_\_\_ No \_\_\_\_\_

***\*For Full-Time CUNY Students Please Include an Unofficial Copy of Their College Transcript.***

**Assigned Work Schedule:**

DAYS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Time In							
Time Out							
Total Daily Hours							

**You will not be paid for work performed before this agreement has been received in Human Resources.** The other terms and conditions of employment are those consistent with the applicable rules and Bylaws of the Board of Trustees of The City University of New York and the provisions of the applicable collectively negotiated bargaining agreement in effect within the University at the time of your appointment.

**This offer is subject to financial ability, the approval of the Board of Trustees of The City University of New York. This offer is pending and is contingent upon compliance with the University’s vaccine mandate, unless an exemption (medical or religious) has been granted.**

There is no presumption of employment beyond the period indicated. The parties agree that this agreement shall supersede any prior agreements between the parties and that the terms of this agreement may not be amended, supplemented, or modified in any manner, except by a letter of appointment issued by the Director of Human Resources of Medgar Evers College and signed by the parties.

**ACCEPTED AND AGREED:**

**FOR THE COLLEGE:**

\_\_\_\_\_  
Signature of College Assistant

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Designee

\_\_\_\_\_  
Date

***\*Only Official When the Office of Human Resources Completes and Signs Assignment.***

**FOR BUDGET OFFICE AND HUMAN RESOURCES DEPARTMENT USE ONLY**

- **Maximum Allowable Work Hours:** \_\_\_\_\_ **Total Budget Allocated:** \_\_\_\_\_
- **Expected First Work Day:** \_\_\_\_\_ **Expected First Pay Day:** \_\_\_\_\_