Year	Summer Deputy Chairperson Designation Form							Control Number	
Note: Full-time faculty mu Report. Adjunct timeshee					nents" section of t	their Sum	nmer Multi	ple Position	
Department					Budget Information				
				Bud		get Unit		Expense 160	
Employee Information	tion				1				
Last Name			First Name	Name		Empl ID			
Current member of full-time instructional staff at Brooklyn Colleg			at Brooklyn College?	If yes, indicate full-time title:					
				Non-Teaching Adjunct Rate	\$				
Appointment Infor	mation								
Appointment Title									
Non-Teaching Adjunct I or II (Lecturer/Instructor)		 Non-Teaching Adjunct III (Assistant Professor) 		 Non-Teaching Adjunct IV (Associate Professor) 		 Non-Teaching Adjunct V (Professor) 			
Adjunct CLT		Adjunct Senior CLT		Other:					
Start Date		End Date		Appointment Hours		Total			
						\$			
Authorizations									
Department Chairperson				School Dean					
○ Approved ○ Denied					ODenied				
Signature			Today's Date	Signature				Today's Date	
Comments – HRS			Comm	Comments – Payroll		Comments – Budget/FRR			