

DUTCHESS

COMMUNITY COLLEGE

AUTHORIZATION TO COMMENCE RECRUITMENT

Job Description Must be Attached

Please select the Classification:

Administrative Association Civil Service Faculty Management Confidential

Please Complete Position Details

Position Title: _____

Department: _____

Requested By: _____ Date Requested: _____

Currently Budgeted: Yes No Account #: _____

Grant Funded: Yes No Anticipated Amount \$ _____

Line Item Already Exists: Yes No Dates: _____

If no, a Budget Transfer must be attached.

Permanent Full-Time Temporary Part-Time

Justification for Filling Position: _____

Current Occupant of Position: _____

Date Position Vacant: _____ Date Replacement Needed: _____

If Applicable to the Classification

Tenure-Track _____

Work Schedule: Days ____ Hours ____ Total Hours per Week ____ Mos/Yr ____

Supervising Dean Completes:

Represented by (DUE, MC, or Association): _____ Title: _____

Group/Step/Rank: _____ Salary (Range): \$ _____

Please Sign and Route to the Next Office for Signature:

Supervising Dean/ VP _____ Date _____

Assoc. VP of Administration _____ Date _____
(for Budget Approval)

Human Resources _____ Date _____

VP of Finance & Administration _____ Date _____

President _____ Date _____