

DUTCHESS

COMMUNITY COLLEGE

RECOMMENDATION TO APPOINT ADMINISTRATIVE PERSONNEL

INSTRUCTIONS: This form is to be completed by the appropriate Supervisor/Dean.
The following items must accompany this recommendation.

- _____ Authorization to Commence Recruitment Form
- _____ Candidate's Application/Resume
- _____ Search Committee Report
- _____ Telephone Reference Form(s)

Position Title: _____

Name of Recommended Appointee: _____

Home Address: _____

Phone: _____ Social Security #: _____

Budget Account #: _____ Funded: Yes _____ No _____

The Position is to be Filled:

Permanent _____ Temporary _____ Dates: _____

Full-Time _____ Part-Time _____ 12 Month _____ 10 Month _____

If Part-Time: Hrs/Wk _____ Mos./Yr. _____

Recommended: Group _____ Step _____

Salary \$ _____ Hourly Rate \$ _____

KRONOS Supervisor _____ **Backup Supervisor** _____

Building _____ **Special Conditions** _____

Please Sign and Route to the Next Office for Signature:

Supervisor _____ Date _____

Supervising Dean _____ Date _____

Assoc. Dean of Administration _____ Date _____

(for Budget Approval)

Position Control # _____

Human Resources _____ Date _____

President _____ Date _____

Distribution: White – Human Resources
Yellow – Supervising Dean
Pink – Originator

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