

DUTCHESS COMMUNITY COLLEGE

RECOMMENDATION TO APPOINT FULL-TIME FACULTY

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

- _____ Authorization to Commence Recruitment Form
- _____ Candidate's Application/Resume
- _____ Search Committee Report
- _____ Affirmative Action Report Form
- _____ 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:

Tenure Track _____ Temporary _____ - Dates: _____

Group: _____ Step: _____ Recommended Salary: \$ _____

Special Conditions: _____

Please Sign and Route to the Next Office for Signature:

Department Head _____ 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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Faculty Appointment.doc