

DUTCHESS

COMMUNITY COLLEGE

AUTHORIZATION TO COMMENCE RECRUITMENT FULL-TIME FACULTY POSITION

ACADEMIC DEPARTMENT HEAD COMPLETES:

Rank/Title: _____

Requested By: _____ Phone: _____ Date: _____

Budget Account #: _____

Line Item Already Exists: Yes _____ No _____ If no, a Budget Transfer must be attached.

Funding: College _____ Grant _____ Anticipated Amount \$ _____

The Position is to be Filled:

Permanent _____ Temporary _____ Dates: _____

Full-Time _____ Part-Time _____ Hrs/Wk _____ Mos/Yr _____

Justification for Filling Position: _____

Dean of Academic Affairs Completes:

Rank/Title: _____

Tenure -Track _____ Temporary _____ Dates: _____

Step: _____ Salary: \$ _____

Please Sign and Route to the Next Office for Signature:

Academic Department Head _____ Date _____

Dean of Academic Affairs _____ Date _____

Assoc. Dean of Administration _____ Date _____
(For Budget Approval)

Dean of Administration _____ Date _____

President _____ Date _____