



**AUTHORIZATION FORM FOR
FACULTY AND ADMINISTRATIVE STAFF POSITION**

Department/Office: _____

1. Position status (check one)

- New
 Replacement for existing position. If replacement, provide name, rank/position, and salary current/last incumbent.

2. Rank/Title of requested position:

Position # (if existing position)_____

Category:

- Faculty (if checked, indicate tenure status)
 Administrative staff

Faculty tenure status (check one):

- Tenured/tenure track
 0.8 Appointment
 1.0 Technical faculty

3. Rationale for position, including a review of credit hour activity and workload analysis (please attach for faculty positions) and how the position contributes to advancing goals the College's Strategic Plan:

4. Start date (month/year) _____

If previously vacant, has the position been used to support a temporary appointment? Yes No

5. Appointment length (check one): 9-month 12-month

6. Estimated salary (excluding benefits): _____

7. Source of funding, if new position:

- _____ % General Fund: Org # _____
 _____ % Sponsored Program/Grant/BOCES: Org # _____
 _____ % Other _____

8. If applicable, list courses expected to be taught (course number; title; credits; projected average enrollment):

9. Additional requirements, if applicable, with justification:

Department Head/Unit Head: _____ Date: _____

Recommendations/Approvals:		Date: _____	Position #
_____	Vice President	_____	_____
_____	President	_____	_____
_____	Budget Director	_____	_____