

BGSU

Bowling Green State University

Faculty Position Authorization Form

Department/School: _____ Rank: _____

College: _____ Specialization: _____

Proposed Start Date: _____

Position Status (Please refer to approved College Recruitment Plan for verification.)

1. _____ Academic year _____ Fiscal year _____ Other: _____
(Specify)

2. _____ New _____ Unfilled New _____ Replacement: _____
(Incumbent-Last/First Name) (Incumbent Rank)

3. _____ Tenure Track _____ Non-Tenure/Continuing _____ Non-Tenure/Term _____
(e.g., Lecturer) (e.g., Instructor)

_____ Probationary _____ Tenured

Length of Term (one to three years): _____

Budget Information (Please refer to approved College Recruitment Plan for verification.)

1. Salary Range: \$ _____ to \$ _____

2. Funding Source(s): _____ College _____ Provost _____ Grant/Other: _____
(Specify)

Recruitment Information:

1. Committee Membership [Please include names, gender, and ethnicity (W,B,H,N,A) or attach list]:

2. Recruitment Area:

_____ Internal _____ Local _____ Regional _____ National

Approvals

1. _____
Chair/Director Date

2. _____
Dean Date

3. _____
Provost Date

4. _____
Director, OED Date

Required Attachments:

- _____ Full position description/announcement
- _____ Short advertisement
- _____ Position Recruitment Plan/Checklist

Position # _____

Job Opening # _____