



Faculty Position Authorization Form

College:	<input type="text"/>	School:	<input type="text"/>
Academic Department:	<input type="text"/>	Rank/Title:	<input type="text"/>
Proposed Start Date:	<input type="text"/>	AAUP Eligible:	<input type="text"/>

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

1.	Academic Year	Fiscal Year	Other:	<input type="text"/>
				(Specify)
2.	New	Replacement	<input type="text"/>	<input type="text"/>
			(Incumbent – Last / First Name)	(Incumbent Rank)
3.	Tenure Track - Probationary	Tenure Track - Tenured		
	Non-Tenure Track Renewable	Non-Tenure Track Nonrenewable/Terminal		

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

1.	Salary Range:	\$ <input type="text"/>	to \$ <input type="text"/>	Stipend:	\$ <input type="text"/>
2.	Funding Source(s):	College	Provost	Grant/Other:	<input type="text"/>

Recruitment Information:

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

<input type="text"/>

2. Recruitment Area: Internal Local Regional National

Approvals

1. _____ Chair or Director Date	2. _____ Dean Date
3. _____ / _____ AA Director of Budgeting / Director of Budgets	4. _____ Provost & SVP Date
5. _____ Chief Equity & Diversity Officer Date	

Required Attachments

Full Position Description/Announcement
Short Advertisement
Position Recruitment Plan/Checklist

Position Number _____
Job Opening Number _____