FACULTY EMPLOYMENT AUTHORIZATION FORM

This form serves as a checklist and should accompany the prospective faculty member's dossier as it moves from initial contact to final approval to employ. [The faculty member’s dossier must include an application and a c.v.]

This form has three parts: (1) a description of the prospective faculty member, (2) a description of the position to be filled, and (3) a page for recommendations and authorization for employment. With regard to the third step, it is recognized that not every level of recommendation is needed in every case. Nor is it necessary to follow the order rigidly. Finally, the signatures below the presidential level are to be construed as recommendations rather than final approval to be employed.

I. DESCRIPTION OF THE PROSPECTIVE FACULTY MEMBER

Last Name ___________________________ First Name __________________________

Highest Degree ___________________________________________________________

Discipline ________________________________________________________________

II. DESCRIPTION OF THE POSITION APPLIED FOR

Position Applied For _______________________________________________________

Check one:  □ full-time  □ adjunct  □ percentage of fulltime [75%  50%  25%]

Recommended rank or title ___________________________________________________

[Final decision to be made by the President on recommendation of Provost]

Months of professional responsibility ____________ Effective date __________________

Annual salary (and point determination) ________________________________________

Primary Location of teaching _____________________________ [NYC, Rockland]

Indicate which Institutional Missional Goal this faculty hire will support and how.

____________________________________________________________________________

____________________________________________________________________________
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Last Name ___________________________ First Name __________________________

Courses to be taught FALL:
#_______________ Title ______________________________________________________
#_______________ Title ______________________________________________________
#_______________ Title ______________________________________________________
#_______________ Title ______________________________________________________

Courses to be taught SPRING:
#_______________ Title ______________________________________________________
#_______________ Title ______________________________________________________
#_______________ Title ______________________________________________________
#_______________ Title ______________________________________________________

III. RECOMMENDATIONS AND AUTHORIZATION

Indicate references contacted and results under Comments. Your signature indicates your approval of the information contained herein and your recommendation to hire.

Department Head/Deputy Department Head______________________________ Date _________
Comments:

School Dean ______________________________________________________ Date _________
Comments:

Provost ___________________________________________________________ Date _________
(Necessary only for full-time positions)
Comments:

EVP & Treasurer __________________________________________________ Date _________
(Necessary only for full-time positions)
Comments:

President _________________________________________________________ Date _________
(Necessary only for full-time positions)
Comments: