

**DUTCHESS**  
**COMMUNITY COLLEGE**  
**RECOMMENDATION TO APPOINT**

INSTRUCTIONS: This form is to be completed by the appropriate Supervisor/Dean.  
The following items must accompany this recommendation.

Authorization to Commence Recruitment Form

Candidate's Application/Resume

Search Committee Report

Telephone Reference Form(s)

Fingerprint Approval (CSEA only)

Reappoint

A #: \_\_\_\_\_

**Please select the Classification:**

Administrative

Association

Civil Service

Faculty

Management Confidential

**Position Title:** \_\_\_\_\_

Name of Recommended Appointee: \_\_\_\_\_

Phone: \_\_\_\_\_

Budget Account #: \_\_\_\_\_

Funded: Yes

No

Position Control #

Completed by Human Resources

\_\_\_\_\_

**Please Complete Position Details**

Recommended:

Permanent

Temporary

Salary (Range) \$ \_\_\_\_\_

Full-Time

Part-Time

Hourly Rate (Range) \_\_\_\_\_

10 Month

12 Month

Group \_\_\_\_\_ Step \_\_\_\_\_

**If Applicable to the Classification**

Tenure Track \_\_\_\_\_

Work Schedule: Days \_\_\_\_\_ Hours \_\_\_\_\_ Total Hours per Week \_\_\_\_\_ Mos./Yr. \_\_\_\_\_

**Please Complete All Sections**

Dates: \_\_\_\_\_

Payroll Supervisor \_\_\_\_\_

Backup Supervisor \_\_\_\_\_

Building \_\_\_\_\_ Special Conditions \_\_\_\_\_

**Please Sign and Route to the Next Office for Signature:**

Supervisor/ Department Head \_\_\_\_\_ Date \_\_\_\_\_

Supervising Dean/ VP \_\_\_\_\_ Date \_\_\_\_\_

Assoc. VP of Administration \_\_\_\_\_ Date \_\_\_\_\_

(for Budget Approval)

Human Resources \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_