

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 \$

Full-Time

Part-Time

Hourly Rate \$

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:

Department Head _____ Date _____

Vice President _____ Date _____

Assoc. VP of Administration _____ Date _____

(for Budget Approval)

Human Resources _____ Date _____

President _____ Date _____