

# DUTCHESS

## COMMUNITY COLLEGE

### RECOMMENDATION TO APPOINT ADMINISTRATIVE PERSONNEL

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)

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

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

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Budget Account #: \_\_\_\_\_ Funded: Yes \_\_\_\_\_ No \_\_\_\_\_

**The Position is to be Filled:**

Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ - Dates: \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ 12 Month \_\_\_\_\_ 10 Month \_\_\_\_\_

If Part-Time: Hrs/Wk \_\_\_\_\_ Mos/Yr \_\_\_\_\_

Recommended: Group \_\_\_\_\_ Step \_\_\_\_\_

Salary \$ \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_

Special Conditions: \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Supervising Dean \_\_\_\_\_ Date \_\_\_\_\_

Assoc. Dean of Administration \_\_\_\_\_ Date \_\_\_\_\_

(for Budget Approval)

Position Control # \_\_\_\_\_

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

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

Distribution: White – Human Resources  
Yellow – Supervising Dean  
Pink – Originator

Revised Nov-98, LLK  
Administrative Appointment.doc