

CSI RECRUITMENT AUTHORIZATION FORM

SECTION I PROPOSED ACTION

Division: _____ Department/Office: _____

Immediate Supervisor: _____

Check applicable box(s)

<input type="checkbox"/> Replacement	<input type="checkbox"/> New Position	<input type="checkbox"/> PVN Attached	
<input type="checkbox"/> HEO Titles	<input type="checkbox"/> Faculty	<input type="checkbox"/> CLTs	<input type="checkbox"/> Classified

Name of former employee: _____ Salary: _____

Former Payroll Title: _____ Functional Title: _____

Proposed Payroll Title/Level: _____ Salary: _____

Functional Title: _____

Department/Office Director _____
Signature Date

Dean _____
Signature Date

Provost/Vice President/AVP _____
Signature Date

SECTION II HUMAN RESOURCE OFFICIAL USE

CUNYFirst Budget approval date: _____ CUNYFirst Position #: _____

CUNYFirst Budget denial date: _____ HR Signature: _____

SECTION III CHIEF OF STAFF APPROVAL

Chief of Staff _____
Signature Date

SECTION IV PRESIDENT'S APPROVAL

President _____
Signature Date

SECTION V CANDIDATE SELECTED (For Human Resources use only)

Name: _____ Start Date: _____

Payroll Title/Level: _____ Salary: _____