

COLORADO MESA UNIVERSITY
Authorization Form for
Faculty and Administrative Staff Position

Department/Office: _____

1. Position status (check one)

- New
 Replacement for existing position. If replacement, provide name, rank/position, and salary current/last incumbent.

2. Rank/Title of requested position: _____ Position # (if existing position) _____

- | | |
|---|---|
| <p>Category</p> <p><input type="checkbox"/> Faculty (if checked, indicate tenure status)</p> <p><input type="checkbox"/> Administrative staff</p> | <p>Faculty tenure status (check one)</p> <p><input type="checkbox"/> tenured/tenure track</p> <p><input type="checkbox"/> 0.8 appointment</p> <p><input type="checkbox"/> 1.0 technical faculty</p> |
|---|---|

3. Rationale for new position/Rationale for continuation of existing position, including alternatives considered:

4. Start Date (month/year) _____

If previously vacant, has the position been used to support a temporary appointment? Yes No

5. Appointment length (check one): 9-month 12-month

6. Estimated Salary (excluding benefits): _____

7. Source of funding, if new position:

_____ % General Fund: Org # _____
 _____ % Sponsored Program/Grant/BOCES: Org # _____
 _____ % Other _____

8. If applicable, list courses expected to be taught (course number; title; credits; projected average enrollment):

9. Additional Requirements, if applicable, with justification:

Department Head/Unit Head: _____ Date: _____

Recommended Approvals:		Date:	Position #
_____	Vice President	_____	_____
_____	President	_____	_____
_____	Budget Director	_____	_____