



AUTHORIZATION FORM TO FILL VACANT POSTION
Complete and secure approvals prior to posting a vacant position

Department/Office: _____

1. Provide name, rank/position, and salary current/last incumbent for the position you wish to fill.

2. Position # 0

Category

- Faculty (if checked, indicate tenure status)
- Administrative staff
- Classified staff

Faculty tenure status (check one)

- tenured/tenure track
- 0.8 appointment
- 1.0 technical faculty

3. What alternatives did you consider? Rationale for Continuation of Position:

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

Department Head/Unit Head: _____ Date: _____

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