COLORADO MESA
U N I V E R S I T Y

# 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:
        Click or tap here to enter text.

2.  Rank/Title of requested position: Click or tap here to enter text.
    Position # (if existing position): Click or tap here to enter text.
    Category:
    - ☐ Faculty (if checked, indicate tenure status)      ☐ Administrative staff
        Faculty tenure status (check one):
        - ☐ Tenured/tenure track
        - ☐ 0.8 Appointment
        - ☐ 1.0 Technical faculty

3.  Rationale for position, including a review of credit hour activity and workload analysis (please attach for faculty positions) and a **brief narrative of how the position contributes to advancing the University's Mission and Strategic Plan**. Where relevant, please also discuss how the position will help its program grow, either in terms of enrollment or in the way it can serve the educational needs of students. Click or tap here to enter text.
    Rationale and support for faculty position requests should include the following:
    a.  Productivity measures
        # of declared majors over five years
        # of declared minors over five years
        # of degrees awarded during the most recent five academic years
        # of essential learning credit hours taught
        Total Credit hour activity (in annual data)
    b.  Workload analysis: # of course credit hours and associated course credit hours/year by:
        FT T/TT faculty; .8 faculty; lecturers (in annual data)
        FTES:FTEF (in annual data)

4.  Start date (month/year): Click or tap here to enter text.
    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): Click or tap here to enter text.

7.  Source of funding, if new position:
    100% General Fund: Org #:Click or tap here to enter text.

    Click or tap here to enter text.% Sponsored Program/Grant/BOCES: Org #: Click or tap here to enter text.

    Click or tap here to enter text.% Other: Click or tap here to enter text.

8.  If applicable, list courses expected to be taught (course number, title, credits, projected average enrollment), **as well as any anticipated leadership and/or service activities:**

9.  Additional requirements, if applicable, with justification:Click or tap here to enter text.

10. Do you have sufficient office space to accommodate this faculty request?  ☐ Yes      ☐ No

Department Head/Unit Head: _____ Date:_____

# COLORADO MESA
## UNIVERSITY

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ADMINISTRATIVE STAFF POSITION**

| Recommendations/Approvals: | | | Position # |
|---|---|---|---|
| | Vice President | Date: | |
| | President | Date: | |
| | Budget Director | Date: | |