



# Executive Council

## Authorization for Position Form

**CUNYfirst Job Code - CUNYfirst Functional Title / CUNYfirst Contract Title:**

<input type="checkbox"/> Multiple Positions    Number of Positions
<input type="checkbox"/> New Position <input type="checkbox"/> Vacancy
<b>Incumbent Name(s) / CUNYfirst Position(s) #:</b>  <input type="checkbox"/> Substitute / Interim / Acting (Search required unless filling for someone on leave) <input type="checkbox"/> Reclassification <input type="checkbox"/> Merit Increase (Details in Comments Section)
<b>Division:</b> <div style="border: 1px solid black; height: 20px;"></div>
<b>CUNYfirst Dept Code - Department:</b> <div style="border: 1px solid black; height: 20px;"></div>
<b>Supervisor (Reports To) / CUNYfirst Position #:</b>  

<b>ECP</b>	<input type="checkbox"/>
<b>FACULTY</b>	<input type="checkbox"/>
<b>HEO</b>	<input type="checkbox"/>
<b>CLT</b>	<input type="checkbox"/>
<b>CIVIL SERVICE</b>	<input type="checkbox"/>
<b>Projected Amount Needed:</b>	
<b>Funds Available</b>	
<b>Department:</b>	
<b>Budget Code:</b>	

**Budget Code (Dept.# - Fund - MP - Oper Unit - Program - Funding Srce - Special Init - Dept with Program Name)**

**Comments:**

**Authorization Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Recording Secretary)

<b>Prepared</b>	Signature: _____	
<b>By</b>	Print Name: _____	<b>Date:</b> _____

c: Business Office  
Human Resources  
Affirmative Action

1/31/2025