



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
Incumbent Name(s) / CUNYfirst Position(s) #: <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)
Division: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
CUNYfirst Dept Code - Department: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Supervisor (Reports To) / CUNYfirst Position #:

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

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

Comments:

Authorization Signature: _____ **Date:** _____

(Recording Secretary)

Prepared	Signature: _____
By	Print Name: _____ Date: _____

c: Business Office
Human Resources
Affirmative Action

3/28/24