



Executive Council

Authorization for Position Form

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

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☐ Multiple Positions Number of Positions

☐ New Position

☐ Vacancy

Incumbent Name(s) / CUNYfirst Position(s) #:

☐ Substitute / Interim / Acting (Search required unless filling for someone on leave)

☐ Reclassification

☐ Merit Increase (Details in Comments Section)

Division:

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CUNYfirst Dept Code - Department:

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Supervisor (Reports To) / CUNYfirst Position #:

ECP

☐

FACULTY

☐

HEO

☐

CLT

☐

CIVIL SERVICE

☐

Projected Amount Needed:

Funds Available

Department:

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Budget Code:

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

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Comments:

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Authorization Signature: _____

(Recording Secretary)

Date:

Prepared

Signature: _____

By

Print Name: _____

Date:

c: Business Office
Human Resources
Affirmative Action

7/1/2025