



RECRUITMENT REQUEST FORM (INTERIM)
(Replaces the "Notice of Intent" form)

SECTION "A"

Position Request Information (This section must be completed by the requesting department)

- **Date** _____ **Requested by:** _____ **Phone#** _____
- _____ **Name**
- Department/Program: _____ E-mail address: _____
- Title Requested: _____ Title code (Six digits): _____
- Position Reports to (Supervisor name): _____
- This position is new ___ or formerly held by _____ (Check one) who has
 ___ resigned, ___ been promoted, ___ been granted leave for ___ months, ___ retired/separated
- This position is for (Check one):
 ___ Days ___ Nights ___ Temporary Assignment ___ Rotating Shifts ___ Weekends
- The salary range is \$ _____ to \$ _____ per year/hour(circle one)

This request is approved by: _____ **Date:** _____

Authorized Officer/Title

The following documents must be attached to this form:

1. A Proposed Job Description
2. The Current and Proposed Organizational Charts (for **Non-Faculty** positions only)
3. The completed CUNYfirst "Screening Questions" table
4. A Typewritten copy of the proposed advertisement text
5. A list of the proposed vacancy distribution system

(A completed Section "A" should be forwarded to Edith Rivera, AAO)

SECTION "B"

The Affirmative Action Officer's Review (This section is completed by the Affirmative Action Officer or Designee)

- Date the position request received: _____
- Approved by: _____ Date Approved: _____
- Comments: _____

(Section "B" must be completed and forwarded with all attachments to the Office of Human Resources)

Approved by: _____ Date: _____

Director of Human Resources

Approved by: _____ Date: _____

Senior VP for Finance and Administration

Approved by: _____ Date: _____

Associate Provost/Associate Dean

Approved by: _____ Date: _____

Provost and Senior Vice President/Dean

SECTION "C" *(This section is completed by the OHR)*

The position request submission process (for a new position only):

- Date the request is submitted to the budget officer: _____
- Position request number: _____
- Date the request is approved by the budget officer: _____
- The PSN Number: _____ Date Received by OHR: _____