

**POSITION REQUISITION FORM  
FULL TIME POSITIONS ONLY**

**Part 1**

Date:  Division:   
 Requested by:  Title:   
 Office/Dept.:

**PART 1: MUST BE COMPLETED BY THE REQUESTING DEPARTMENT/OFFICE HEAD**

**REQUESTED POSITION:**

Office/Dept.:   
 Contract Title:   
 Campus Title:   
 Position Reports to:   
 Position Type:  New  Replacement |  Permanent  Temporary |  Critical  
 Brief Justification:   
  
  
 Proposed start date:  End Date if Temporary:

**PREVIOUS POSITION: (complete only if the requested position is a replacement)**

Previous Incumbent:   
 Office/Dept.:   
 Contract Title:   
 Campus Title:   
 Status on Line:  Salary:  Last Day Worked:

**PROPOSED JOB DESCRIPTION**

**In the space below, describe the four (4) most significant duties of the position.**

**CUNY Code of Practice – Background Verifications and Investigations \***

The City University of New York and the constituent colleges and units of the University (hereinafter collectively referred to as the “University”) are required to recruit, employ, retain, and promote employees in a manner that promotes a safe and secure environment for its students, faculty, staff, and other members of the University community, and that protects the University’s assets and resources. In order to verify employability, candidates for employment, and in certain instances current employees, are required to submit to an Enhanced Background Verification.

**Level 2 Verification** – Candidates for positions within the Executive Compensation Plan at the level of Assistant Vice President/Dean/Administrator and above.

**Level 3 Verification** – Candidates for positions with fiscal authority over \$10,000.

**Level 4 Verification** – Candidates for positions in Programs working with minors.

**Level 5 Verification** – Candidates for positions driving University/College vehicles.

**\* The full content of the CUNY Code of Practice can be viewed on the York College Human Resources website.**

**The following questions must be answered by the department/office head regarding the requested position:**

Is this request to fill an ECP position at the level of Assistant Vice President/Dean/Administrator or above?

Yes       No

Do the duties of the proposed position include significant fiscal responsibility and/or authority to commit financial resources (\$10,000 or more) of the University/College, including but not limited to, execution or approval of financial transactions?

Yes       No

Will the duties of the requested position include working in a program with minors?

Yes       No

Will the duties of the requested position include driving University/College owned vehicles?

Yes       No

**Authorization: Division Head – Area Vice President / President**

This request has been reviewed and authorized to move forward for consideration by the College Vacancy Control Committee. Positions of a critical nature may be approved by the President or the President’s designee.

Division Head – Name

**X**  
\_\_\_\_\_  
Division Head

**Submit completed form to the Office of Human Resources**

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**Part 2**

Date:  Request #:   
 Requested by:  Title:   
 Office/Dept.:

**PART 2: COMPLETED BY HUMAN RESOURCES**

**Position Classification:**

ECP – Senior Vice President/Vice President       ECP – Associate Dean/Associate Administrator  
    Assistant Vice President/Dean/Administrator      Assistant Dean/Assistant Administrator

Faculty     HEO Title Series     Athletics Title     CLT Title Series     Classified Title

**Requested Position – HCM Data:**

Office/Department:  HCM Code:   
 Contract Title:   
 Job Code Title:  Job Code:   
 Reports to Name:  Position #:   
 Union Status:

**Position Salary Information:**

-

**Terms:**

Reviewed in Human Resources by:  Background Verification Level   
 Submitted to the Budget Office on:

**POSITION REQUISITION FORM  
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**Part 3**

Date:  Request #:   
 Requested by:  Title:   
 Office/Dept.:

**PART 3: MUST BE COMPLETED BY THE BUDGET OFFICE**

<b>Consideration of Request as Critical:</b>	
Request/position approved as critical:	
<input type="checkbox"/> No. Submit to the Vacancy Control Committee for consideration on	<input type="text"/>
Notification sent to Human Resources:	
<input checked="" type="checkbox"/> Yes. Approved as Critical by:	<input type="text"/> Date: <input type="text"/>
<b>Vacancy Control Committee:</b>	
Vacancy Control Committee Meeting Date: <input type="text"/>	
Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> Other <input type="text"/>
<b>Budget Authorization:</b>	
Fiscal Year: <input type="text"/>	Line Type: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Funding Source: <input type="text"/>	
Authorized Salary: <input type="text"/>	FY Amt. – Year 1 <input type="text"/> FY Amt. – Year 2 <input type="text"/>
FAS Code: <input type="text"/>	Budget Line #: <input type="text"/> MOP #: <input type="text"/>
Start Date: <input type="text"/>	End Date if Temporary Position: <input type="text"/>
Completed in Budget by: <input type="text"/>	Submitted to HR on: <input type="text"/>
<b>FOR HR Use Only</b>	
DISPOSITION: <input type="text"/>	DISPOSITION SENT: <input type="text"/>
CUNYFIRST POSITION #: <input type="text"/>	VACANCY AUTHORIZATION #: <input type="text"/>