

ACADEMIC AFFAIRS FACULTY PRE-APPROVAL FORM

(to accompany Open Position/Affirmative Action form)

Request to hire justification for PCN # _____
 Previous position vacated by _____ Rank _____ Tenure _____
 Program Performance Rank: _____
 Division Organizational Chart: (attach as separate document)

New position request: Tenure track or non-tenure track
 Proposed Rank: Instructor or Professor

Funding/Budget comparison: (impact to budget +/-) – Verified with Budget Office _____
 • Salary savings?

Current designated position salary vs. position proposed salary: (List)
 Budget book location (page)

Faculty position contract length: _____ (Include supporting information if over 9 months):																																									
Position request rationale: General or specialty position: If specialty area academic requirements:																																									
Presumed teaching responsibility:	Explanation if not full 24 credits per AY:																																								
Courses (w/credits) previous enrollment numbers (3 semesters)																																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Fall 22</th> <th style="width: 25%;">Spring 23</th> <th style="width: 25%;">Fall 23</th> <th style="width: 25%;"></th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Fall 22	Spring 23	Fall 23																																					
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External Accreditation program Y or N	Accreditation impact justification if specialty position needed for accreditation:																																								

Additional supporting rationale to be considered:

CUPA 80% _____ CUPA 100% _____

Signature from Chair: _____

Signature from Dean _____

Signature from VPAA _____

President's Decision: Approve Deny

Signature: _____ date: _____