

REQUEST TO VACANCY REVIEW BOARD

Department:

Please complete this section to request approval to fill a vacancy (e.g., Posting/Search, Substitute Appointment and Search Waiver Appointment)

VACANCY REVIEW REQUEST:

Position Title:

Reports to:

Appointment Type:

Number of Positions:

Employee Category (ECP, HEO, Faculty, Classified, etc.):

Current Status of Position:

New Position

Replacement Position Name of Replaced Employee(s):

REPL EMPL's Salary:

Proposed Salary:

Funding Source:

Account #/Name:
(If applicable)

Justification:

Please complete this section to request approval for changes to an existing appointment (e.g., Promotion, Reclassification, Title Change and Salary Increase)

PERSONNEL ACTION REQUEST:

Employee Name:

Request Type:

Position Title:

Reports to:

Appointment Type:

Employee Category (ECP, HEO, Faculty, Classified, etc.):

Current Salary:

Funding Source:

Proposed Salary:

Account #/Name:
(If applicable)

Justification:

Name Title Date:
Prepared by: Date:
Approved by: Date:
VP or Dean Approval Required

Please submit completed form to: VRB@ccny.cuny.edu

FOR VACANCY REVIEW BOARD PURPOSES ONLY

Approved:

Date:

Rejected:

Comment(s):