

The unit head is required to sign the Position Vacancy Report and forward it to the appropriate Dean or Director in duplicate. After that person has signed the report and indicated his/her approval or disapproval, the report is either forwarded to the Affirmative Action Office for sign-off or returned to the unit head for indicated revision. The Affirmative Action Officer will then sign and indicate his/her approval or disapproval with reasons. An original copy is sent to the Human Resource Office and a copy is returned to the unit head.

POSITION VACANCY RECORD/REPORT

Duplicate copies of this report should be completed as per instructions and submitted to the Affirmative Action Office for sign-off prior to any offer being made to a candidate. One copy will be returned for your file. (See instructions on cover.)

PART I - POSITION DESCRIPTION

UNIT _____ New _____ Replacement for _____

POSITION TITLE _____ Salary _____ Date to be filled _____

Job Specifications (a given in A.A. Form 1-75) _____

PART II - RECRUITMENT EFFORTS (Attach copies of all ads placed or letters confirming contacts.)

PART III - DISPOSITION OF MINORITY, WOMEN'S AND HANDICAPPED APPLICATIONS

(applicants may be designated by using the Applicant Number in Part IV-B - Applications Analysis.)

PART IV-A - SELECTION STATEMENT

Selection Committee Membership:

Selection Criteria and Analysis (should reflect A.A. Form 1a-75 and Analysis Part IV-B)

***ETHNIC IDENTITY CODES FOR CHART:**

1. White;
2. Black;
3. Hispanic;
4. Asian or Pacific Islanders;
5. American Indian or Alaskan Native

PART V ALPHABETICAL LISTING OF CANDIDATES BEING CONSIDERED FOR THE POSITION

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

PART VI ADDITIONAL COMMENTS

PART VII SIGNATURES

Submitted by _____, Title _____

Signature

Department/Unit

() APPROVE _____, _____, 20____

() DISAPPROVE Dean/Director/Administrative Head Date

Reason for Disapproval:

() APPROVE _____, _____, 20____

() DISAPPROVE Affirmative Action Officer Date

Reason for Disapproval: