State University of New York College at Cortland

Affirmative Action Request for Waiver of Search
(for positions expected to last more than 16 weeks and less than 1 year)

Part A:
1. School/Division: ____________________________
2. Department: ________________________________
3. Campus title: _______________________________
4. Account #: ___________________ □ PSR □ Temp Service
5. Budget Title/Salary Level: _____________________
6. Line #: ________________________________
7. Targeted Salary: ____________________________
8. Date position becomes available: _____________
9. Date Position will End: _______________________
10. Type of Position (check appropriate items):
    □ M/C ⮚ Faculty
    □ Professional □ Part-time (FTE: ____)
    □ GA/TA □ Temporary (End Date: ____)
12. Reason for request (Why is the regular search procedure not being followed?):

13. If this waiver is granted, how will the position be filled? If an individual has already been identified, on what basis was s/he chosen?

14. □ Request approved □ Request approved subject to conditions noted below □ Request denied for reason noted below

(Signature – Department Head) ___________________________ (Date) ___________________ (Over, please)

(Signature – Next Level Supervisor) _______________________ (Date) ___________________

(Signature – VP; signature denotes Cabinet approval) ________________ (Date) ________________

(Signature – Human Resources) ____________________________ (Date) ___________________

(Signature – Business Office) _____________________________ (Date) ___________________

(Signature – Affirmative Action Officer) ____________________ (Date) ___________________

This waiver is valid for this specific position as described. Waivers for over one year will not be approved.
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Part B: (To be completed after verbal inquiry – Curriculum vitae must be attached)

Name: _____________________________________________________________

Home Address: ____________________________________________________________________________

Salary: ___________________________ Account #: ____________ □ PSR □ Temp Service

Department: ________________________________________________________________________________

Title: ______________________________________________________________________________________

Workload (List course prefix and number): _______________________________________________________________________________________

(To be completed for part time instruction hires only)

Appointment Dates: ___________ To ___________ Obligation dates: ___________ To ___________

(Signature – Immediate Supervisor) ____________________________________________ (Date)

(Signature – Dean or Next Level Supervisor) ____________________________________________ (Date)

(Signature – VP) ______________________________________________________________ (Date)

Step 1: RETURN TO HUMAN RESOURCES WITH APPLICATION MATERIALS/CREDS
Step 2: TO PRESIDENT’S OFFICE – Presidential Offer Letter
Step 3: TO HUMAN RESOURCES OFFICE
Step 4: TO BUSINESS OFFICE

Part C (To be completed by Business Office)

- Annual Salary Rate $__________________________
- Biweekly $__________________________ Hourly (Temp Service only) $__________________________
- Total Actual Pay $__________________________
- Payroll Dates ________________ to ________________
- Academic Year Total $__________________________

Payroll Office Verification
By: __________________ Date: __________

Office of HR Verification
Temp __ Term
By: ______ Date ______

Business Office Verification
By: __________________ Date: __________