Executive Council
Authorization for Position Form

CUNYfirst Job Code - CUNYfirst Functional Title / CUNYfirst Contract Title:

_____

☐ Multiple Positions Number of Positions	ECP	☐
☐ **New Position**	**FACULTY**	☐
☐ **Vacancy**	**HEO**	☐
Incumbent Name(s) / CUNYfirst Position(s) #:	**CLT**	☐
	CIVIL SERVICE	☐

☐ **Substitute / Interim / Acting (Search required unless filling for someone on leave)**

☐ **Reclassification**

☐ **Merit Increase (Details in Comments Section)**

Projected Start Date:

Estimated Annual Salary:

Projected Amount Needed:

Division:

_____

Funds Available

CUNYfirst Dept Code - Department:

_____

Department:

_____

Supervisor (Reports To) / CUNYfirst Position #:

Budget Code:

_____

Budget Code (Dept.# - Fund - MP - Oper Unit - Program - Funding Srce - Special Init - Dept with Program Name)

_____

Comments:

Authorization Signature: _____

(Recording Secretary)   **Date:**

Prepared	Signature:	
By	Print Name:	**Date:**

c: Business Office

Human Resources

2/25/26

Affirmative Action