SUNY Cortland Request for Full-Time Lecturer (FTL) Position

Purpose: This form is the first step in obtaining approval to fill a position as a Full-time Lecturer consistent with the MOU covering the establishment and filling of FTL positions. Once this form, accompanied by the materials described herein, is approved, the hiring department must then initiate a job posting in the College's hiring system and establish a FTL search committee. The position may then be advertised internally only, or internally and externally concurrently, consistent with the approval by HR below. The department shall then conduct its search. __ Chair Signature/Date: _____ Department: _ New Position Replacement (Replacing: Request type: Do you expect this position to be filled internally? No, If no, please explain why not in the Yes statement of justification for the FTL Please attach the following to this request: Statement of justification for the FTL as opposed to a tenure track line A description of the duties, responsibilities, and qualifications for the position (HR can provide assistance) Sequence of reviews to be followed (there is no appeal): Reason(s) for denial (required if denied - please attach additional statement if necessary): Dean (required) ☐ Approved ☐ Denied Funding not available for this position at this time More appropriately filled as tenure-track position Signature The 20% cap has been reached by the School; not endorsing exceeding cap Other Date Provide copy of this form to the dept. chair as proof of review at this level, forward original to the next level below if approved. Reason(s) for denial (required if denied – please attach additional statement if necessary): Provost (if approved by ☐ Denied Funding not available for this position at this time Approved ☐ More appropriately filled as tenure-track position ☐ The 20% cap has been reached by the School; not endorsing exceeding cap Signature Other Date Provide copy of this form to the dept. chair as proof of review at this level, forward original to the next level below if approved. AVP of HR (required) Cap Limit (at time of anticipated start date) Meets criteria Does not meet Under 20% cap criteria Exceeds 20% cap – will require approval of UUP Signature Search Type Required ☐ Internal only, internal hire expected Date Concurrent internal and external – no internals expected Provide copy of this form to the previous levels as proof of review at this level and forward original to the next level below. UUP Endorsement requested for FTL's below 20% cap. Approval is required for an FTL exceeding 20% cap Reason(s) (required if not endorsed/approval denied): ☐ Endorsed/Approved Not Structural need not established Endorsed/Approval More appropriately filled as tenure-track position Denied Department chair has not certified that there is no qualified part-time employee who can adequately perform the job and who is willing to accept a FTL.

Maintain copy for UUP records. return original to the AVP of HR to provide copies to previous levels and for action.

Signature Date