

Dept comment/special handling instructions, if any:

Name of Dept. Chair or Director Authorized Signature Date signed

Form prepared by: _____ Phone extension: _____

Attachments: Copies of ads, Advertising Order Forms, mailing lists, other information as appropriate.

4. APPROVALS:

Affirmative Action Coordinator: The attached has/have been reviewed in terms of affirmative action guidelines. I recommend that it/they be approved. Date signed

Dean (for instructional titles only) The attached advertisement(s) has/have been reviewed and approved. Date signed

ROUTING:

PERMANENT & TEMP. FACULTY RECRUITMENT RESEARCH TITLE RECRUITMENT
____ AFFIRMATIVE ACTION COORDINATOR ____ AFFIRMATIVE ACTION
COORDINATOR
____ DEAN

After final approval, confirmation ad copy goes to:
____ ORIGINATING DEPT, AFFIRMATIVE ACTION OFFICE,
OFFICE OF ACADEMIC PERSONNEL