SUNY College of Technology at Canton Search Waiver Request

Name of Person:					
		Internal Candidate	□ External Candio	date	
	-	policy, the College's A ofessional vacancy can		ommittee must act on search earch.	
Waivers may be gr emergency, or achi		<u>-</u>	odate promotions, r	eorganize, respond to an	
		be directed to the Hun nan five working days i		e. Such requests must be	
				nlary, appointment type, leng rganizational approvals.	th
In considering such on the College's Af			vill weigh the impac	t of the proposed transaction	r
	ion should	specifically address al		TO THE SEARCH WAIVE on below as well as any other	
Basis for Waiver		Presidential Reorganiza Emergency Staffing – S Internal Promotion/Rec Other – attach a detailed ju Achieve Affirmative Ac	upervisor & HR agree lassification astification	e staffing needed	
protected groups (a disability, veteran	race, coloi status, sex	r, religion, national or	igin, age (40 and over	promote qualified members of er), sex, familial status, information) and to find an ege community.	
institutional discrim It includes African A Native Americans. (population. These gr people with disability	ination in Americans Other grou roups may ties, lesbia omic back	the United States and, a , Asian Americans, Pac ps in the United States include but are not lim n, gay, bisexual, and tra grounds that are disady	according to the Censific Islanders, Hispan are currently underrented to other ethnicitions ansgender individuals	ccess and/or suffered past sus and other federal measure nics or Chicanos/Latinos, and epresented within the ies, adult learners, veterans, s, different religious groups,	d
Requested By:					
	Siona	ture/Print Name		Date	

Direct Supervisor (Attach a justification for action requested.)

Direct Supervisor's Signature	Date	
<u>Departme</u>	nt Head/Director	☐ Agree as is
Deporture out Head/Director's Cignotium	Doto	☐ See attached
Department Head/Director's Signature	Date	
	<u>Dean</u>	☐ Agree as is☐ See attached
Dean's Signature	Date	
Area VP/E	xecutive Director	
	_	☐ Agree as is☐ See attached
Division Head's Signature	Date	
Meed More Information – (please indicate be		ee)
Approved		
Disapproved – (please note reason and vot	te totals)	
Affirmati	ve Action Chair	
Affirmative Action Chair's Signature	Date	
<u>P</u>	resident	☐ Agree as is☐ See attached
President's Signature	Date	
		0/10/11