**Recruitment Waiver Request Form**

Date:

Department:

Name of Person Requesting Waiver:

Contact information: Betsy Colón, Grants Management Office, (585) 245-5668

Project Title and Award Number:

**Present Status**

Was there a recent search? \_\_\_\_\_ Yes \_\_\_\_No If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the proposed person selected from the recent search pool? \_\_\_\_\_ Yes \_x\_\_\_No

**Proposed Status**

Name of Person:

SUNY Student: □Undergraduate □Graduate □ Other: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Grade: Salary:

Salary payment schedule: Calendar year: Academic year: Other:

Appointment Type: □Exempt □Non-Exempt □ Hourly Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Justification:

Basis for Waiver □ Emergency Staffing □ To Achieve Research Goals □ See Attached

 □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Justification or Information Attached □ Yes □ No

Attachment:

* Job description that includes the essential functions for the position, the preferred and required qualification
* Resume of candidate

If the candidate for the search waiver is not a US citizen, the department should consult with the Chief Diversity Officer.

Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (insert name), Project Director Date

Submit Form to: Grants Management Office

 Erwin Hall, Room 201

Determination of the Chief Diversity Officer: □ Approved □ Disapproved □ See Attached

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

*Operations Manager’s Review (If Disapproved by Chief Diversity Officer):*

*Operations Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_*

 *Date*

*Rev: November 2018*