

# Request for Affirmative Action Search Waiver

UNIVERSITY AT BUFFALO, THE STATE UNIVERSITY OF NEW YORK

PLEASE SUBMIT ORIGINAL AND TEN COPIES

Please read Section 700 of the *Guidelines for Affirmative Action Search Procedures in the Hiring of Faculty and Professional Staff at the State University of New York at Buffalo*

DEPARTMENT OR UNIT REQUESTING WAIVER: \_\_\_\_\_

NAME: \_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_

STATE TITLE OF NEW POSITION: \_\_\_\_\_

LINE NUMBER: \_\_\_\_\_

RANK: \_\_\_\_\_

PROTECTED GROUP STATUS: \_\_\_\_\_

EFFECTIVE APPOINTMENT DATE: \_\_\_\_\_

A. Please explain the exceptional circumstances believed to justify request (also note: 701 a or b).

B. Please describe how person was identified for this position.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
DEAN, DEPARTMENT HEAD OR AUTHORIZED HEAD

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
PRESIDENT/PROVOST/VICE PRESIDENT

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
CHAIR, PRESIDENT'S PANEL - *recommendation attached*

Contact Person: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Assistant/Associate Dean's E-mail Address: \_\_\_\_\_