

# Recruitment Process Job Card Routing, Users and Approvals Form

Department Name: \_\_\_\_\_

Search Committee Chair, Name: \_\_\_\_\_

Search Committee Members (if Applicable) Names:

_____	_____
_____	_____
_____	_____

**Administrative Support:**

*The person will be requesting the background check (if applicable) and supporting the administrative flow of the pool process.*

Name: \_\_\_\_\_

Please return this completed form along with the POA to: [facultysearch@sonoma.edu](mailto:facultysearch@sonoma.edu)