

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