

School of Medicine

Request to Recruit - Nonclinical

Campus:		Department:	
	artment Contact:	Title:	Email:
Type of Action:			
New Position:	Replacement:	Joint Appointment:	Joint Department:
If Replacement: Replacement for			Termination Date:
Position #:		Requisi	tion #:
What are the ar	eas of Teaching/Em	phasis/Research?	
Primary Location Secondary Location Recruiting: Department Cor Contact Person 1 Contact Person 2 Contact Person 3 Contact Person 4 Contact Person 5 Contact Person 6	ntacts for Recruiting : Name : Name : Name : Name : Name : Name	g questions & needs:	
Job description:	(Please attach a co	py of the job descriptio	n)
What are the top	p 3 duties of this po	sition?	
		mmitment/workload f	
Administrative R Research Respon	esponsibilities: sibilities:		

Revised Date1/10/2024 SOM OP 20.01.B

What is a unique piece of information about your department or faculty that you would like potential candidates to know?

Ex: Focus on mentoring; faculty willing to share call; faculty meetings; research interest; working with hospitals/centers/institutes; etc.

EEO: Please list any recommendations on where to post position. Are there any posting sites the Department Leadership has access (specialty specific organization sites)?

Are you currently aware of any intern	al/external candidates for this position? Y or N	
Name:	Contact Email:	
Name:	Contact Email:	
Financing: Please Complete Attacho	ed Pro Forma	
Would this position need grant funding t	to move forward?	
Requested by (Chair Signature):		
At this point please send completed form	n and Proforma to Julie.Barclay@ttuhsc.edu	
Inte	ernal Use Only below this line	
Reviewed for Funding:		
Presented to Recruiting and Retention	n Steering Committe (Date):	
Approved by Dean/Regional Dean:		
Comments:		

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