



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™**

School of Medicine

Request to Recruit

Department: _____ **Campus:** _____

Type of Action:

New Position: _____ Replacement: _____

Suggested Rank: _____

Has office space been identified? _____

Bldg _____ Room # _____

If Replacement:	
Replacement for:	_____
Position #	_____
Requisition #	_____
	Termination Date _____

Is external funding needed for this position?

If so, how much? _____

Please attach a copy of the External Funding Agreement (if applicable).

SOURCE OF FUNDS:

	Estimated Salary Funding for Remaining Fiscal Year	Estimated Annual Salary Funding Needed	Account #
State			
MPIP			
Grant			
Other			
Other			
TOTAL			

Requested by: _____ Date: _____
Department Chair/Associate Chair

Reviewed for Funding: _____ Date: _____
Exec. Assoc. Dean/CEO MPIP or Asst. Dean for Administration

Approved by: _____ Date: _____
Dean/Regional Dean – School of Medicine

School of Medicine Use: