Texas Tech University Health Sciences Center
School of Medicine

Request to Hire

Name: _______________________________ Date Prepared: __________________________

Department: __________________________ Rank: _______________________________

Starting Date: _______________________ Initial Term: ___________________________

Starting Salary: ______________________ Business Plan Submitted? Yes _____ No _____

Tenure Status:
Appointment with _____ Tenure _____ Non-Tenure _____ Tenure Probation

Approved by Faculty Appointments Committee? Yes _____ No _____ Date Approved: __________________________

Has office space been identified? _______ Bldg __________________________ Room # __________

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:

<table>
<thead>
<tr>
<th>Source</th>
<th>Estimated Salary Funding for Remaining Fiscal Year</th>
<th>Estimated Annual Salary Funding Needed</th>
<th>Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
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<tr>
<td>MPIP</td>
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<tr>
<td>Grant</td>
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<td>Other</td>
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<td>TOTAL</td>
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</tbody>
</table>

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

SOM OP 20.01.B