**Request to Recruit**

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| **Department:** |  | **Campus:** |  |

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|  | | | | | | | |  |  | | | | | |  |
| **Type of Action:** | | | | | | | |  | **If Replacement:** | | | | | |  |
| New Position: | |  | | Replacement: | | |  |  | Replacement for: |  | | |  |  |  |
|  | | | | | | | |  |  | | | |  | Termination Date |  |
| **Suggested Rank:** | | |  | | | | |  | Position # |  | | | | |  |
|  | | |  | | | | |  | Requisition # |  | | | | |  |
| **Has office space been identified?** | | | | | |  | |  |  |  |  |  | | |  |
| Bldg |  | | | | Room # |  | |  |  |  |  |  | | |  |

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| **Is external funding needed for this position?** |  | **If so, how much?** |  |
| Please attach a copy of the External Funding Agreement (if applicable). | | | |

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| **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** | |  | |  | |

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| **School of Medicine Use:** |
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