**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 Fundingfor Remaining Fiscal Year | Estimated AnnualSalary Funding Needed | Account # |
| State |       |       |       |
| MPIP |       |       |       |
| Grant |       |       |       |
| Other |       |       |       |
| Other |       |       |       |
| **TOTAL** |       |       |       |

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| 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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