



**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: _____		Termination Date _____
Line item # _____	Account _____	
Line item # _____	Account _____	
Line item # _____	Account _____	

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: _____ **Department Chair/Associate Chair** Date: _____

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

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

School of Medicine Use:
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