**Request to Hire**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Date Prepared:** | | |  | | | | |
| **Department:** | |  | | | **Rank:** |  | | | | | | |
| **Position #:** | |  | |  | **Requisition #:** | |  | | | | | |
| **Starting Date:** | |  | |  | **Initial Term:** | |  | | | | | |
| **Starting Salary:** | | |  |  | **Business Plan Submitted?** | | | | Yes |  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tenure Status:** | | | | | | |
| Appointment with |  | Tenure |  | Non-Tenure |  | Tenure Probation |

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| --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | |
|  | 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** |  |  |