**Request to Hire**

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

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

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| **Approved by Faculty Appointments Committee?** | Yes |   | No |   | Date Approved: |       |

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| **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** |  |  |