



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™**

School of Medicine

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 _____

Approved by Faculty Appointments Yes _____ No _____ Date _____

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