# 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:

<table>
<thead>
<tr>
<th>Source</th>
<th>Estimated Salary Funding for Remaining Fiscal Year</th>
<th>Estimated Annual Salary Funding Needed</th>
<th>Account #</th>
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<tr>
<td>State</td>
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<td>MPIP</td>
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<td>Grant</td>
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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

Revised Date: 06/05/2023