



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™**

School of Medicine

Request to Hire

Name: _____ Date Prepared: _____

Department: _____ Rank: _____

Starting Date: _____ Initial Term: _____

Starting Salary: _____ Business Plan Submitted? Yes _____ No _____

Tenure Status:

Appointment with _____ Tenure _____ Non-Tenure _____ Tenure Probation _____

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