**Request to Recruit**

Department: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Replacement:

Replacement for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Item # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Item # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Item # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Action:

New Position: \_\_\_\_ Replacement: \_\_\_\_

Suggested Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding: **Assistant Dean for Finance and Administration**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Dean – School of Population and Public Health**