



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Medicine

Request to Recruit - Nonclinical

Campus: _____ Department: _____

Requestor/Department Contact:

Name: _____ Title: _____ Email: _____

Type of Action:

New Position: ☐ Replacement: ☐ Joint Appointment: ☐ Joint Department: _____

If Replacement:

Replacement for whom: _____ Termination Date: _____

Position #: _____ FTE #: _____ FOP(S) _____

What are the areas of Teaching/Emphasis/Research?

Recruiting:

Department Contacts for Recruiting questions & needs:

Contact Person 1: Name _____ Preferred Contact Phone number: _____

Contact Person 2: Name _____ Preferred Contact Phone number: _____

Contact Person 3: Name _____ Preferred Contact Phone number: _____

Contact Person 4: Name _____ Preferred Contact Phone number: _____

Contact Person 5: Name _____ Preferred Contact Phone number: _____

Contact Person 6: Name _____ Preferred Contact Phone number: _____

Who will have the initial zoom call with potential candidates? _____

Job description: (Please attach a copy of the job description)

What are the top 3 duties of this position?

What is the weekly percent time commitment/workload for the following:

Clinical Responsibilities: _____

Administrative Responsibilities: _____

Research Responsibilities: _____

Teaching Responsibilities: _____

What are the Leadership Responsibilities for this role? _____

What are the Teleteaching Responsibilities for this role? _____

What is a unique piece of information about your department or faculty that you would like potential candidates to know?

Ex: Focus on mentoring; faculty willing to share call; faculty meetings; research interest; working with hospitals/centers/institutes; etc.

Advertising: Please list any recommendations on where to post position. Are there any posting sites the Department Leadership has access (specialty specific organization sites)?

Are you currently aware of any internal/external candidates for this position? Y or N

Name: _____ Contact Email: _____

Name: _____ Contact Email: _____

Financing: Please Complete Attached Pro Forma

Would this position need grant funding to move forward? _____

Requested by: _____ **Date:** _____
(Department Chair)

Comments: _____

