



School of Medicine and Health Sciences
REQUEST TO APPOINT
 Faculty & Post-Doctoral Positions



Department/Academic Home:

Name of Person Recommended:

Full or Part Time:

Percent of FTE:

Rank to be offered:

Position #:

Title to be offered (if applicable):

Job Code:

Start Date (on or about):

Annual Salary:

Source of Funds:	Accounting Code:	Percentage

Recommended appointment status: Probationary Tenured Special

Years' credit toward tenure for previous experience if recommended (explain):

A criminal history record check and an E-Verify identity and employment eligibility verification is required for this position.

NOTE: Please attach the draft letter of offer, position description, preferred candidate's credentials/application materials, department CPT completed faculty appointment review form (if academic position), completed minimum and preferred qualification screening sheets.

Moving expenses are not being offered.

Moving expenses are being offered in the amount of _____ pending Dean/VP for Health Affairs (or designee) approval.

The "Authorization for Moving Expense Reimbursement form" is attached.

REQUIRED SIGNATURES:

_____	_____	_____	_____
Department Chairperson	Date	Associate Dean (as appropriate)	Date
_____	_____	_____	_____
Human Resources	Date	Education and Faculty Affairs	Date
_____	_____	_____	_____
Dean/VP for Health Affairs or Dean's Designee	Date	Budget (Review only)	Date