



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



Department/Academic Home:

Name of Recommended Person:  Full or Part Time:   
 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 recommendation (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 Vice President for Health Affairs (or designee) approval.

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

**REQUIRED SIGNATURES:**

\_\_\_\_\_  
 Department Chairperson Date

\_\_\_\_\_  
 Associate Dean (Medicine/Research or Health Sciences) Date

\_\_\_\_\_  
 Assistant Dean, Gender Equity Date

\_\_\_\_\_  
 Office of Education and Faculty Affairs Date

\_\_\_\_\_  
 Human Resources Date

\_\_\_\_\_  
 Budget (Review only) Date

\_\_\_\_\_  
 Vice President for Health Affairs Date