

**REQUEST TO HIRE FORM  
HS CLINICAL FACULTY**

<b>Department Name:</b> _____	<b>Date Prepared:</b> _____
<b>Program:</b> _____	<b>Proposed Start Date:</b> _____
<b>Specialty:</b> _____	<b>Candidate Name:</b> _____
<b>Position:</b> Replacement                      New                      Other	<b>Funding Source(s) for Salary Support</b>
(if replacement or other, please specify) _____	
<b>Primary Practice Location:</b> _____	(Please provide information on the anticipated agreements or revenue sources.)
	<b>Total</b>

**Anticipated Percent Effort Distribution by Mission**

Clinical	
Admin	
Research	
Teaching	
<b>Total Effort</b>	<b>100.00%</b>

**Brief Synopsis:**

*PLEASE ATTACH: 1) 3-Year Clinical Proforma; 2) MGMA and AAMC Salary Benchmarks*

**Miscellaneous Expenses**

	<b>FAU</b>
Relocation expenses	_____
Furniture, keys	_____
Computer and/or Telephone	_____
Lab coats, academic cards, Rx pads	_____
Patient appointment cards	_____

**Space Requirements**

Location (Bldg, Floor, Rm#): \_\_\_\_\_

New	Existing	Office	Cubicle
_____	_____	_____	_____

Other Space Needs: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

*Signitures and Approvals (all approvals must be obtained prior to initiating hiring process).*

Requested by (FAO) \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_ Chief Finance & Administrative Officer \_\_\_\_\_ Date \_\_\_\_\_

CEO, UCR Health \_\_\_\_\_ Date \_\_\_\_\_ Vice Chancellor, Health Sciences \_\_\_\_\_ Date \_\_\_\_\_  
Dean, School of Medicine

**Finance and Administration Office Use Only:**

TNS: FAU (s) \_\_\_\_\_

Confirmed by: \_\_\_\_\_