

REQUEST TO HIRE FORM

RESEARCH FACULTY & FACULTY WITHOUT CLINICAL EFFORT

Department Name:				Date Prepared:			
Candidate Name:			l	Proposed Start Date:			
Proposed Rank:				Proposed Step:			
Position:	Replacement	New O	ther	Position Type:	Ladder Rank	Non-Ladder Rank	
(if replacement or other, please specify)			Source	<u>Amount X</u>	<u>Amount X'</u>	<u>Amount Y</u>	
		Funding Source(s) for Salary Support					
					Тс	otal:	
Anticipated Percent Effort Distribu	+tion by Missio	- oppropriato t	- laddor ran	L			
Anticipated Percent Errort Distribu	Ition by wissio	парргорнате и		APU Scale			
Teaching, Research, Service							
Total Effort	100.00%						
Miscellaneous Expenses	F/	AU		Space Requirements			
Relocation expenses			_	Location (Bldg, Floor, Rm#):			
Furniture, keys			-	New Existing	Office Cubic	le	
Computer and/or Telephone			-	Other Space Needs:			
Other (please specify)			_	Additional Comments:			
Approvals							
Requested by (FAO)		Date	-	Chief Finance & Administ	rative Officer	Date	
Division or Department Chair Date				Vice Chancellor, Health Sciences Date Dean, School of Medicine CEO, Clinical Affairs			
Finance and Administration Office Use On	ly:						
TNS: FAU (s)			-	Confirmed by:			