



Office of the Provost Request for Faculty Hiring

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School of Medicine       School of Dental Medicine

- 1. Department: \_\_\_\_\_ Division: \_\_\_\_\_
- 2. Rank of Proposed Hire: \_\_\_\_\_
- 3. Target Full Time Annual Salary: \_\_\_\_\_ FTE %: \_\_\_\_\_ Clinical% \_\_\_\_\_ Research% \_\_\_\_\_
- 4. Previous Incumbent/Name & Salary: \_\_\_\_\_
- 5. Describe space requirements, if any, and how these will be met.

6. Describe start-up commitments and how these will be met:

7. Justification: Explain how this position relates to the school hiring plan, the strategic priorities of the institution, and describe the teaching and research or other responsibilities associated with this position.

8. Request Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**9. Department Chair's Approval**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**10. Dean's Approval**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**11. Provost's Approval**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_