

Date _____

Department/Division/Center/Program: _____

Department Contact (w/ number): _____

Reason for Request:

a. Replacement for: _____

b. New position: _____

(if not in approved staffing plan, please indicate in Chair's letter which budget will pay for position)

c. position is part of the approved departmental staffing plan

Funding: a. Grants and contracts b. Departmental Budget c. without salary

Position Status: a. Regular Faculty: 1. with tenure 2. without tenure

b. Non-Regular Faculty: 1. Campus-based 2. Other (please explain)

Position Title: _____

Term of Appointment: from _____ to _____ percent time: 100% other _____

Is there a possibility of renewal of the position? Yes No

Salary Range: from \$_____ to \$_____

Salary Base Period: 9 month 10 month 12 month other _____

Position Requirements: (please distinguish between required and preferred items)

Hospital CEO

Date

Department Chair

Date

THIS SECTION FOR ALPERT MEDICAL SCHOOL ADMINISTRATIVE USE ONLY

Faculty Personnel Representative

Date

Position Approved: _____

President, Dean of Faculty, Assoc. Dean of Faculty, Provost, Assoc. Provost

Date

Affirmative Action Hiring Plan: Required: Yes No

Approved: Yes No

Date

Affirmative Action Officer

Date

(There may be no changes in hiring plan without prior consultation with Affirmative Action Officer)

Position filled by _____

(If position is not filled within one academic year of date opened, a new FPA and search plan must be submitted)

Date

FPA# _____