



Faculty Search Request Form

School Name:			Submission Date _____
Department Information			
Department			
Requestor		Telephone	
Rationale for Search			
Description			
Primary Administrative Department Appointment		Admin Dept. # (7 digits)	
Clinical Appointment <input type="checkbox"/> Yes <input type="checkbox"/> No			
Joint or Interdisciplinary Appointment <input type="checkbox"/> Yes <input type="checkbox"/> No			
Center or Institute Appointment (if applicable)			
Other Departments/ Centers/ Institutes with Possible Interests			
Anticipated Title (including modifiers (prefix/suffix))			
Replacement for Vacancy <input type="checkbox"/> Yes <input type="checkbox"/> No			
3 Year Funding Plan			
Description of Startup Funding Plan:			
Anticipated salary			
Sources (account #)			
Business Unit Responsible for Salary			
Thereafter (ongoing after startup)			

Space Plan

Indicate whether required space is currently available within department. For existing departmental space, provide room information and square footage. For space currently not available within department, provide required square footage.

	Category	Available Within Department	Building and Room(s)	Approximate Square Feet	Special Needs
Space Plan at Time of Hire	Personal Office	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Other Office Space	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Wet-lab Research Space	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Clinical Practice Space	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Long-term Space Plan	Personal Office	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Other Office Space	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Wet-lab Research Space	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Clinical Practice Space	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Research Resource Needs

In each category, describe and quantify need. Indicate whether department can meet need with current resources.

	Description	Quantity	Department can meet need currently	If no, resources needed
Personnel Needs			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Animal Housing Needs			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Database and Computer Server Needs			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Large Equipment Needs			<input type="checkbox"/> Yes <input type="checkbox"/> No	

<i>Clinical Resource Needs</i>	
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Special Equipment Needs			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Clinical Space Needs			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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<i>Housing</i>	
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Anticipated Housing Needs			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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<i>Implications for Departmental Growth</i>	
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Long term impact	
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Adverse Impact of not Filling the Position	
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Affirmative Action Plan	
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Other	
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<i>Search Committee Members:</i>	
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<i>Requesting Units Signatures</i>	
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Business Unit Responsible for Salary		
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Primary Department Chair		Date _____
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Secondary Department Chair		Date _____
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Participating Center/Institute Director		Date _____
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Authorizing Signatures

School Level Administrator		Date _____
Chief Financial Officer or Designee		Date _____
Search Tracking Number		Date _____

Note: Attach proposed advertisement(s) for this position to this form and indicate the proposed venues for publicizing the opening.