



## Faculty Search Request Form

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

**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	

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

**Authorizing Signatures**

<b>School Level Administrator</b>		Date _____
<b>Chief Financial Officer or Designee</b>		Date _____

<b>Search Tracking Number</b>		Date _____
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**Note:** Attach proposed advertisement(s) for this position to this form and indicate the proposed venues for publicizing the opening.