

Request to Fill Form

Date: _____

Requesting Department/Department ID/Division: _____

Department Contact/Manager (Name/Email/Ph): _____

Position Information

Request: _____ Employee being replaced/Employee request applies to: _____

Position: _____ Title: _____ Position #: _____

FTE: _____ Projected Hire Date: _____ Additional info: _____

If being posted, how long? _____ Who needs access to the applicants? _____

Salary/Funding Information

Proposed Funding: _____ (source of funds: state/clinical, percentages, grant/project # if applicable)

Proposed Salary or Salary Range: _____

Faculty Only:

Base Salary: _____ AEF (at risk): _____

Position authorized in your dept. budget? Yes No

Admin Supplement, if applicable: _____

Space needs (office/research space/equipment): _____

Faculty: Do you anticipate research startup funds? If so, please estimate amount and provide a brief justification:

Additional Information

Justification for your request to fill this position (Why is it important? How does it contribute to the mission? Why is it necessary to fill?)

Principal duties of this position (attach additional pages, if necessary) **TEAMS: please attach job description**

Faculty: please include % teaching DMD, % teaching grad, dept. research, funded research, faculty practice, administration, service etc.

Approval

Program/Division Director, if applicable: _____

Director of SADS, if applicable: _____

Associate Dean for Research, if applicable: _____

Department Chair: _____

Director of Finance: _____ Dean: _____

Additional Notes: