

School of Medicine Faculty Position Request and Justification Form

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Requisition #: _____ Department Name: _____ Division: _____

Requested by: _____ Requester's email: _____

Faculty Rank: (Check all that apply if requesting a range)

- Instructor Assistant Professor Associate Professor Professor
 Research Instructor Research Asst Prof Research Assoc Prof Research Professor
 Visiting Scholar (Appointment Stream Only)

Tenure Status: (Check all that apply if requesting a range)

- Appointment Stream Tenure Stream Tenured

Pay Category: A C D Pitt Only VA

Assignment Category: Full-time Part-time _____ FTE %

New Position: YES NO

If Replacement Position:

Current Name: _____
Position # _____
Date Terminated: _____

Salary Range: \$ - To \$ -

Funding Sources:

Table with 2 columns: Source (Pitt, UPP, Other) and Account Number, with percentage fields.

Percent of Effort: Clinical: Research: Teaching Service: Admin: Total

Brief statement of responsibilities:

Large empty rectangular box for writing the brief statement of responsibilities.

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Additional department comments:

Targeted External Faculty Recruit (TEFR) Y/N?

YES

NO

***IF TEFR REQUEST, A STRONG MEMO OF JUSTIFICATION AND CURRENT CV MUST BE INCLUDED**

Department Chair