Instructions: Please complete this form for **ALL** faculty recruitment requests. This includes any request for research faculty that requires an institutional commitment of financial resources or space.

Once this form is completed, please submit to the Dean’s Office for review.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 1: Request Summary**

|  |  |
| --- | --- |
| **Requestor**(s) Date Submitted | |
| **Department/Center** | **Division/Section/Program** (if applicable) |
| **Position**  🞎 New 🞎 Replacement for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Proposed Rank** |
| **Track**  **Clinical Track**  🞎 Clinician (non-tenure)  🞎 Clinical Educator (non-tenure)  🞎 Clinician Scientist (tenure)  **Scientist**  🞎 Scientist (tenure)  🞎 Scientist Educator  (non-tenure, term appointment) | **Professional Programs**  🞎 Professional Programs Scientist (tenure)  🞎 Professional Programs Clinical/Health  Sciences Educator (non-tenure)  **Specialty Tracks (non-tenure)**  🞎 Research Faculty  🞎 Service Faculty  🞎 Lecturer (part-time) |
| **Position Title** | |
| **Degree Requirement** 🞎 MD/DO 🞎 PhD 🞎 MD/PhD 🞎 Other (specify) | |
| **If approved, when do you believe we could have someone start in this position?** | |

**Part II: Program Statement**

Provide a rational for this position and include:

1. Summary of new faculty’s role and relationship to the School’s strategic priorities.
2. Provide answers to the following questions:
   1. If the request is for a new position, what changes have occurred to require this recruitment?
   2. Is the position required for academic accreditation? If yes, please provide details.
   3. What is the impact to the department/center/program if the position is not filled?
   4. What is the impact of hiring this position of current faculty within the department/center/program?
   5. Does hiring this proposed position impact other departments/centers/programs? If so, please identify the departments/programs and the anticipated effect.
   6. For each of the departments/programs listed in your response to question “e”, provide a brief description of the interactions you have had with the department/center/program leaders concerning this position?

**Part III: Time Commitments- MUST HAVE THREE AREAS, A, C AND EITHER B, D**

1. **Research/ Scholarship** Time commitment = \_\_\_\_\_\_\_%

|  |
| --- |
| Will you require this position to come with research funding? 🞎 Yes 🞎 No  Year 1  What % of their salary will they be expected to fund?  Or identify departmental source of funding (non WVU Healthcare):  Please describe research/scholarly expectations of this position: |

**B. Clinical** Time commitment = \_\_\_\_\_\_\_\_%

|  |
| --- |
| Briefly describe clinical expectations of this position: |

1. **Education** Time commitment = \_\_\_\_\_\_\_\_%

Please describe the proposed time commitments for and educational activities planned for this position, including, as applicable, medical student, graduate, undergraduate, and post-graduate students:

**D. Administration/Service** Time commitment = \_\_\_\_\_\_\_%

Please indicate what “administrative/service” activities are expected for this position:

**Part IV: Resource Requirements**

Please list ALL resources that will be required for this position other than compensation and benefits.

|  |  |  |  |
| --- | --- | --- | --- |
| Resource Type | Description | Proposed Amount/Funding | Proposed Source |
| Lab Space |  |  |  |
| Equipment\* |  |  |  |
| Office space |  |  |  |
| Support staff (research) |  |  |  |
| Exam Rooms |  |  |  |
| OR Time |  |  |  |
| Moving expenses |  |  |  |
| Other start-up\* |  |  |  |

\*Please attached detailed list

**Part V: Compensation**

Please use embedded excel file to calculate proposed compensation for position being requested. Enter YELLOW CELLS



Please provide a proposal for the compensation support for this position.

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Annual Amount | Duration | Comments |
| Department (State) |  |  |  |
| Department (Clinical) |  |  |  |
| Department (Foundation) |  |  |  |
| VA |  |  |  |
| Grant Funding |  |  |  |
| Other |  |  |  |