

Name of Selected Candidate:  Date Search Report is submitted to the Dean's Office:		
GENERAL INFORMATION		
Position Title:	Division/Department:	School/College:
Salary Range: \$ Area of Specialization:		
New Position Replacement Position - Nam Promotion - Previous Title:	e of Person Replaced:	
Gender:		
Social Security Number: Date Position is Available:		
Start Date:		
Check One Tenure track faculty Non-tenure track faculty Nonclassified Faculty Equivalent/Ac. Prof.	Check One Full-Time Position Part-Time Position %FTE:	Check One  Regular Position Temporary Position End Date: Interim Position
JOB POSTING WAIVER APPROVAL (if applicable for positions not posted 30 days) Waiver Request Summary:		
Director of Physician Talent Management Signature: (Or their designee in Physician Recruitment)		
SIGNATURES  1. Hiring Official:		
2. Physician Recruiter-AA/A AA/EEO Clearance: Applications/Interview disclapproved by Legal & Med S	Yes No osures (i.e. Medical Malpractice	claims, etc.) have been cleared &
*Return this form to the WVU School of Medicine Dean's Office when you submit your draft offer letter		