



**Request for**  
**APPROVAL TO INITIATE FACULTY SEARCH PROCESS**

**Case Western Reserve University School of Medicine**  
**All materials to: Office of Faculty Affairs and Human Resources**  
**School of Medicine, W171, location code 4915**

**Fax: 216/368-3013**

**Page 1 of 2**

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10. Anticipated laboratory and office locations to be assigned: \_\_\_\_\_

Square footage of office space included above: \_\_\_\_\_

Square footage of laboratory space included above: \_\_\_\_\_

11. Anticipated initial salary \$ \_\_\_\_\_

12. Sources of initial year's support; indicating component percentages or amounts:

\_\_\_\_\_  
(full/partial salary support is provided in my SOM operating budget)

\_\_\_\_\_  
(other SOM/University funds (identify account numbers))

\_\_\_\_\_  
(clinical income to be generated by the proposed faculty member; if this is a major portion of salary, your answer to Question 8 above should be specific and complete)

\_\_\_\_\_  
(sponsored research with the proposed faculty member as PI (if possible, identify the grant #))

\_\_\_\_\_  
(sponsored research with other person as PI (identify the PI and the grant #))

\_\_\_\_\_  
(hospital support)

\_\_\_\_\_  
(other, please describe in detail)

13. Identify anticipated sources of funding in the faculty member's second and future years of appointment:

\_\_\_\_\_  
(signature of chair making request)

\_\_\_\_\_  
(date of request)