

**Request for Approval to Initiate Faculty Search Process
Case School of Medicine**

(See Website <http://www.cwru.edu/president/aaction/aaeeo.html> for required
affirmative action forms)

Please complete and fax to Dan Anker, Fac. Af'rs, SOM W171; 4915; fax no.: 216/368-3013

Dept. assigns unique identifier to each request _____ (using an ascending numbers beginning with 200).

1. _____
Name of Chair and Department making request
2. Is this a _____ or a _____? (check one)
New position Replacement
3. If this is a replacement, name of departing faculty member _____:
4. Date of his/her departure: _____
5. Date by which you hope to have the new person in place: _____
6. Anticipated faculty rank (circle one): professor; assoc. prof; asstnt prof;
instructor
7. Anticipated tenure status (circle one): with tenure; tenure track; non-tenure track
8. Description of initial year's responsibilities (teaching, research, service, and clinical) of the new faculty member. Describe plans for development of the faculty member's role over time. Please be specific and use additional page(s) if necessary:

- 9.. Anticipated initial %'s of effort distribution (total = 100%):
_____ teaching _____ research _____ clinical _____ admin./other

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 number(s))

_____ clinical income to be generated by the 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 new faculty member as PI (identify the grant #)

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

_____ hospital support

_____ other(s) (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