

Hiring Request Form

Please submit complete hire packet to College of Medicine Human Resources via the online HR Request Form. Hire packet may include position description, organizational chart, proforma, procedural resource checklist, and any other appropriate documents to support your request.

Type of Request Post a	nd fill	☐ Di	rect hire	Administra	itive supplen	nent Addi	tional pay
Position Datails							
Position Details Department ID				Department Name			
Is this position in the budget?	Select	FTE		Remote Options	Select	Remote Type	Select—
Position Type				Position Title		l	
Select				Position Number, if applicable			
Replacement Position	Select			Former Incumbent, if applicable			
Anticipated Start Date				Name of Hire, if applicable			
Proposed Funding (must equal 100%; indicate chartfields, combo codes & Flex codes)							
Justification for	Request						
Approval							
Department Administrator/Chair Date					Department Contact & E-mail Address		