



FPA#: _____

Date: _____

1) Department/Division/Center/Program: _____

2) Hiring Institution: _____

Replacement for _____

New position

Position is part of the approved departmental staffing plan

3) Funding: Grants and contracts Departmental budget Without salary

4) Hospital Position Title: _____

5) Proposed Faculty Track and Rank(s): _____

6) Term of Appointment (dates must start at the beginning of the month): From _____ To _____

7) Percent Time: 100% Other: _____

8) Is there a possibility of renewal of the position? Yes No

9) Salary Range (must be a specific amount for a Pre-select): From \$ _____ To \$ _____

10) Salary Base Period: 9 months 10 months 12 months Other: _____

11) Position Requirements: (please distinguish between required and preferred items; attach additional pages as necessary.)

Hospital CEO Signature

Date

Department Chair Signature

Date