

Faculty Position Authorization Campus-Based Organization, Clinical Departments

			FPA#:
			Date:
1)	Department/Division/Center/Program: _		_
2)	Hiring Institution:		_
	Replacement for		_
	New position		
	Position is part of the approved d	lepartmental staffing plan	
3)	Funding: Grants and contracts	Departmental budget Witho	out salary
4)	Hospital Position Title (If applicable):		
5)	Proposed Faculty Track and Rank(s):		
6)	Term of Appointment (dates must start a	at the beginning of the month): From	То
7)	Percent Time: 100%	Other:	
8)	Is there a possibility of renewal of the po	osition? Yes No	
9)	Salary Range (must be a specific amount	for a Pre-select): From \$	то \$
10)	Salary Base Period: 9 months 1	.0 months 12 months Other:	
11)	Why does this position need to be a Cam	npus-Based versus Affiliate-based position?	
12)	Position Requirements: (please distinguis	sh between required and preferred items; att	ach additional pages as
,	necessary.)		
	Department Chair Signature	Date	