

Request Date _____

New Position Replacement (Name: _____)

Request for Approval to Recruit – UT Medicine

(Non-Faculty) Job Title _____ % of Time (FTE) _____

Anticipated Annual Offer Range \$ _____ to \$ _____ Projected Start: _____ Weeks After Posting

Department Code _____ Department Name _____ Location _____

Requestor _____ Phone _____

Yes The hiring authority contacted UTHSCSA Office of Human Resources and discussed hire strategies, organizational re-design, work re-assignments, etc., with an HR consultant.

HR Consultant's Name _____ Phone _____

No If no, please provide explanation: _____

If not approved, what impact(s) to the function/department/school/institution would result?

- If recruitment was delayed: _____

- If recruitment remained unapproved: _____

- Under either condition, how would the work be accomplished? _____

Signatures

UTMSA Hiring Manager/Director _____ Date _____

SOM Assistant Dean for Finance _____ Date _____

CAO for Clinical Enterprise _____ Date _____

Approved President/CEO for Clinical Enterprise _____ Date _____

Not approved

- Approved requests are forwarded to Recruitment and the hiring authority is contacted. No action will be taken to establish a job posting until this completed form is submitted to HR.
- Unapproved requests are returned from the UT Medicine President/CEO's Office to the hiring authority.