

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 \_\_\_\_\_

UTMSA Executive Team Member \_\_\_\_\_ Date \_\_\_\_\_

SOM Asst. Dean for Finance (Required for all new positions) \_\_\_\_\_ 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.