



# The University of Georgia

Senior Vice President for Academic Affairs and Provost

## Request to Hire an Academic Affairs Faculty Position

College/School/Vice President's Office: \_\_\_\_\_

Tracking number

Department name: \_\_\_\_\_

Department number: \_\_\_\_\_

Form submitted by: \_\_\_\_\_

Date submitted: \_\_\_\_\_

- I. Type:**
- |                     |                       |                    |
|---------------------|-----------------------|--------------------|
| Tenure/Tenure-Track | Clinical              | Research Scientist |
| Public Service      | Librarian             | Administrative     |
| Lecturer            | Academic Professional | Other              |

Position Title: \_\_\_\_\_ Expected fill date: \_\_\_\_\_

**II. Appointment:**                      Full time              Part time              If Part time, EFT: \_\_\_\_\_

Proposed salary: \$ \_\_\_\_\_

Type of salary funds (*must equal 100%*):

|                              |  |
|------------------------------|--|
| _____ % Resident Instruction | _____ % Other General State Fund Groups                        |
| _____ % Restricted           | _____ % Sales & Service                      _____ % Auxiliary |

**III.** State critical need and any adverse impacts if position is not filled, and if applicable, expected annual teaching load (#courses), total credit hour production, expected research or public service activity, and involvement in interdisciplinary activities.

College/School/Vice President's Office: \_\_\_\_\_

Department name: \_\_\_\_\_

Department number: \_\_\_\_\_

Form submitted by: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Is this a joint appointment?      Yes      No      If yes, with which dept/college: \_\_\_\_\_

**IV. Sources of start-up funding:**

Hiring Unit(s) \$                      Unit Name: \_\_\_\_\_

\$    Unit Name: \_\_\_\_\_

Other Unit(s) \$                      Unit Name: \_\_\_\_\_

\$    Unit Name: \_\_\_\_\_

\$    Unit Name: \_\_\_\_\_

*Attach documentation of commitment beyond the hiring department(s).*

Total proposed costs \$

Requested by:

\_\_\_\_\_  
Department Head/Director                      Date

\_\_\_\_\_  
Dean/Vice President    Date

(if joint)

\_\_\_\_\_  
Department Head/Director                      Date

\_\_\_\_\_  
Dean/Vice President    Date

***After Department Head/Director and Dean/Vice President signatures, please route to the Provost's Office in the Administration Building***

Reviewed by:  \_\_\_\_\_ Date

Approved:

Not Approved:

\_\_\_\_\_  
Sr. VP for Academic Affairs & Provost    Date