

POSITION DETAILS (check all that apply)

Does the position provide direct or indirect patient care?	Y <input type="checkbox"/> N <input type="checkbox"/>	Is the position funded by a Grant?	Y <input type="checkbox"/> N <input type="checkbox"/>
Is position needed to meet the terms of a contract?	Y <input type="checkbox"/> N <input type="checkbox"/>	Is the position funded by a Gift?	Y <input type="checkbox"/> N <input type="checkbox"/>

FINAL CANDIDATE DETAILS

Full Legal Name, Degree: _____

Address: _____ **Proposed Start Date:** _____ Start date must be on the 1st or 16th

City, State, Zip: _____ **Candidate is a current/former: (Required - select box that applies)**

Email & Phone: _____ Staff Faculty Student LAC None-New Hire

Mentor(s) Name: _____ For Jr. Faculty ONLY **USC 7 Digit Employee ID:** _____

Mentor(s) Contact: _____ **USC Student ID:** _____

Visa Required: No YES: O1 F1(OPT) J1 H1B TN E3 Other - Contact Faculty Affairs to provide details

DEPARTMENT

Primary Department: _____

Division & Div. Chief (If Applicable): _____

Institute & Director (If Applicable): _____

Secondary Department: _____ Joint Appointment must provide Signed Joint Appointment Sheet

Administrator Name: _____ Contact: _____

ATTACH THE FOLLOWING DOCUMENTS WITH THIS FORM

Recommendation for Appointment (RFA) form	Profile of Activities (POA)
Recommendation Letter from the Chair	KSOM CV
Justification letter from Search Committee/Div. Chief	3 Letters of reference (Signed and on Letterhead)
For PT: Email from the Candidate regarding the rest of their time	For PT: Waiver Req. from the Chair for Clinical work outside USC

If not 100% time, what is the total percent effort: _____ Less than 100% is PT. Provide the required document(s) for PT hires * 75% - Current Benchmark for FT title

APPOINTMENT DETAILS

A. Proposed Rank:

Professor Associate Professor Assistant Professor Instructor

Track:

Clinical (Mixed Profile: Research/Education/Service/Practice)

To be Considered for: Clinical Scholar Educational Scholar

Clinician Educator (Profile=> 85% Clinical Practice/Education) Practitioner (Profile => 85% Clinical Practice)

Research (Profile at least 85% research, no more than 10% teaching)

CLINICAL FELLOW (Fixed term, NON-ACGME) Name of approved Fellowship Program: _____

Approved NON-ACGME Fellowship Registration must be included with the packet

B. Brief Description of Job Duties (include clinical specialty if appropriate):

C. Where will they be performing their Clinical Work?

Check for the Required Credentialing (check one, both or None): LAC+USC USC Integrated Credentialing None or N/A

Board Certified? N/A Yes Pending No – If NO or PENDING, a waiver is required. Contact Credentialing.

D. Is this individual New or a Replacement? **New: Provide Justification for the Hire**

Replacement: **REQUIRED** Provide the name of the person being replaced: _____

UPDATE THE VACATION HOURS FOR THE PERSON BEING REPLACED TO AVOID OVERPAYMENT UPON TERMINATION

SALARY COMMITMENTS

Eligible for Salary Incentive? Yes No
 Salary Guarantee: Yes No If Yes, How Long? _____

Only mark YES for Salary Guarantee if the guarantee is for TWO or more years

1. Fixed Salary-USC Account Numbers (Attach an additional page if necessary)

PPGG/CA	Amount Proposed
Total Core:	

If Less than 100% and Non-Exempt, the hourly rate is: _____

2. Administrative Appointment: REQUIRED-Title of Administrative Appointment (Appointment Memo must be provided)

PPGG/CA	Amount Proposed
Total Administrative Stipend:	
Total Institutional Base Salary (IBS): <i>See the Faculty Affairs Website for the Current Minimum Salary</i>	

3. CHLA Support:

Guarantee Yes No If Yes, How Long? _____

PPGG/CA	Amount Proposed
Total CHLA Support:	

NON-SALARY COMMITMENTS

On-Going or One-Time Requests *Add additional sheet if needed*

	One-Time	Multi-Year/No. of Years	PPGG/CA	Total Amount Proposed
Housing				
Relocation				
Signing Bonus				
Start-up Funds				
Other A*				
Other B*				
Overall Total:				

*For Other, attach additional details

RESOURCES

MEDICAL CENTER SUPPORT FOR THIS RECRUITMENT

Is this recruitment contingent upon support from the Medical Center? Yes No

If so, please attach any email or document (MOU unnecessary) between the department and the medical center confirming support. It must be approved by all parties.

Notes: _____

Does the candidate require research space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Vice Dean of Research Approval Required
--	------------------------------	-----------------------------	---

Approval Signatures: Signatures are required from the Chair(s) or institute director of all entities that will provide fiscal resources or space for the position.

Chair of Primary Department **Date**

Division Chief **Date**

Chair of Secondary Department **Date**

Institute Director **Date**

Vice Dean for Research **Date**

Fellowship Program Director **Date**

Final Recruitment Approval:

KSOM Director of Finance **Date**

**Senior Associate Dean,
Faculty Affairs** **Date**