

Vice Dean of Research

Faculty Recruitment Request

Non-Tenure and Tenured and Tenure-Track

| STEP 1 | | | | | | | | | |
|--|---|------------------------|-------------------|--|------------------------------------|------------|----------------|----------------|---------------------|
| (TT Only) Justification Mer | opportunities in t | | | | | | | | - |
| | institutes, and programs at KSOM and USC. Position Advertisement: Please attach separately a copy of the ad you would like to place. Note : All ads are <i>required</i> to have the language: | | | | | | | | |
| | USC values diversity and is committed to equal opportunity in employment. Women and men, and members of all racial and ethnic groups are | | | | | | | | |
| encouraged to apply. | | | | | | | | | |
| Appointment Information: | | | | | | | | | |
| POSITION DETAILS (check all the | at apply) | | | | | | | | |
| Does the position provide direct or indirect patient care? Y | | | YDND | Is the | Is the position funded by a Grant? | | | | Y 🗆 N 🗆 |
| Is position needed to meet the terms of a contract? | | | YDND | Is the | Is the position funded by a Gift? | | | | Y 🗆 N 🗆 |
| Administrator: Contact: | | | | | | | | | |
| Full Supervisory Org. Name: | | | | | | | | | |
| Primary Department: | | | | | | | | | |
| Secondary Department: | | | | | | | | | |
| Institute: Division: | | | | | | | | | |
| Work Location, Bldg. Name: | | | | | | | | | |
| ☐ Full-Time ☐ Part-Time | | Exempt | | | Fixed-term ☐ Yes ☐ No | | | □ No | |
| Effort% | | Non-Exemp | pt (Hourly | ·) | If Yes | Term S | tart Date: | | |
| See Faculty Affairs Website For C | Current Exempt | Minimum S | Salary | | | | End Date: | | |
| Position Information: | | | | | | | | | |
| Parent REQ Position: | Child REQ P | ositions: See | e Page 2 | □ No | (One Post (| Only) | Target H | ire Date: _ | |
| Salary Range: | | | | | | | | | |
| ☐ Recall to Duty and Justificati | ion: | | | | | | | | |
| ☐ Recall to Duty and Justification: ☐ New Position ☐ Replacement: | | | | | | | | | |
| ☐ Requires Space (signature re | quired below): | | | | | | | | |
| Proposed Rank | | | | | | | | | |
| ☐ Tenure | | Tenure-Tra | ack | | | □ No | n Tenure- | Гrack | |
| ☐ Professor | ☐ Associate Professor | | | ☐ Assistant Professor ☐ Instructor | | | | | |
| ☐ Clinical (mixed Profile: Research/E | ducation/Service/P | ractice) | | ☐ Clinician Educator (Profile =>85% Clinical Practice/Education) | | | | | |
| ☐ Practitioner (Profile =>85% Clinication | al Practice) | | | ☐ Resear | ch (Profile = a | t least 8! | 5% research, | no more than | 10% teaching) |
| ☐ Part-Time Lecturer | | | | | | | | | |
| Proposed Search Committee Cha | ir and Member | rs: List the na | ames, dep | artment, ins | stitute affilia | tion and | l area of exp | pertise for th | ne chair & |
| members of the search committee. A | It least one mem | ber should co | ome from | outside the | recruiting a | lepartm | ent and/or | institute. | |
| Committee Chair: | | | | | | | | | |
| Members/Department: (Use semic | colon to separate nam | ies) | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name and Cinn atomics of | | 1 . /) . | | | | | | | 6 11 111 |
| Approval Signatures: Signatures are | required from the | e chair(s) or ins | stitute aire | ector of all el | itities that w | III provid | ie fiscai reso | urces or spac | e for the position. |
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| | | | | | | | | | |
| Chair of Primary Department Da | | | | Chief of | Chief of Division | | | Date | |
| | | | | | | | | | |
| | | | | | | | | | |
| Chair of Secondary Department | | Date | | Institute | Director | | | | Date |
| | | | | | | | | | |
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Child Requestion Request

A: Parent Req. Information

| Submit this form with the RR form if the department is requesting |
|---|
| childregs with the parent req. If the department already has an |
| approved parent req, complete this form only, acquired the |
| required signatures, and submit to KeckFA@med.usc.edu |

| Parent Req. No.: Parent Req. Open Rank: ☐ Parent Req Appointment: | | Parent Req to be App Complete Section B. Detai | | | |
|---|------------------------|---|--------------|--|--|
| Administrator: Primary Department: | | Contact: | | | |
| Secondary Department: | | | | | |
| Full Supervisory Org. Name: | | | | | |
| B: Child Req. Details No. of Child Reqs: | | | | | |
| Job Rank and Track | | Potential Candidate | al Candidate | | |
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| Justification: Required. Select the Part of the Dept. Business Plan: ☐ Replacement for retiring/terminatin Details/Other: | Non-AC | GME Fellow: | | | |
| | | | | | |
| Approved: Signatures only require | d if this is for a chi | ldreq requests only. | | | |
| Chair of Primary Department | Date | Chief of Division | Date | | |
| Chair of Secondary Department | Date | Institute Director | Date | | |