

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"/>

IF A TERM SHEET WAS USED, PLEASE INCLUDE IT IN THE PACKET. ALL TERM SHEETS MUST BE PRE-APPROVED PRIOR TO USE

FINAL CANDIDATE DETAILS

Full Legal Name, Degree: _____

Address: _____	Proposed Start Date: _____
City, State, Zip: _____	Candidate is a current/former: (Required - select box that applies) <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> LAC <input type="checkbox"/> None-New Hire
Email: _____	USC 7 Digit Employee ID: _____
Phone: _____	

Mentor(s) Name: _____ For Jr. Faculty ONLY

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

DEPARTMENT

Primary Department: _____

Division & Div. Chief Name: _____

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 (CH)	KSOM CV
Justification letter from Search Committee/Div. Chief	3 Letters of reference (Signed and on Letterhead)
PT: Email from the Candidate regarding the rest of their time	PT: Waiver Req. from the Chair for Clinical work outside USC- 1YR

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

Annual Renewable: _____ Fixed Term: **Provide Justification in the CH Memo and End Date. Maximum of one renewal request**

A. Proposed Rank: Associate and Professor Level Hires must have their dossiers reviewed and approved prior to their Start Date

Track: _____

For Fellows:

Name of approved NON ACGME-Fellowship Program: _____ No. of YEARS _____
Approved NON-ACGME Fellowship Registration or Approval Letter 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? **Candidate must have a CA MD license prior to the candidate START DATE to provide patient care.**

Check for the Required Credentialing (check one, both or None): LA General 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

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) Must Provide PPGG and CA/CHLA/CHLAMG

PPGG and CA	Amount Proposed
Total Core:	

Candidates cannot be 100% funded by Gifts and/or Grants. At least 5% must come from a PPGG account
PT Hourly: Must provide the hourly rate and annualized salary

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

2. Administrative Appointment/Stipend Paid by USC? Yes No

If YES, Enter the Title of Administrative Appointment Below:

_____ % Admin Time

Reporting to: _____

CHLA Administrative Appointment Title:

_____ % Admin Time

Reporting to: _____

Administrative Stipend	PPGG and CA/CHLA/CHLAMG	Amount Proposed
USC Administrative Stipend		
CHLA Administrative Stipend		
Total Administrative Stipend:		

3. CHLA MG Support:

Support	PPGG and CA/CHLA/CHLAMG	Amount Proposed
CHLAMG Support		
Non-Benefited Comp w/ Variable		
Non-Benefited Comp w/o Variable Amount		
Variable Compensation		
Variable Comp + Sign On		
ANES-Variable Compensation		
Surgery Variable Compensation		
Total CHLA Support:		

Overall Total Salary (Total USC/CHLMF IBS):

See the Faculty Affairs Website for the Current Minimum Salary

Notes:

NON-SALARY COMMITMENTS

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

	One-Time	Multi-Year/No. of Years	PPGG and CA/CHLA/CHLAMG	Total Amount Proposed
Housing- <i>Provide Details Below</i>				
Relocation				
Signing Bonus				
Start-up Funds				
Education Allowance				
Clinical Incentives				
Executive Incentive Plan				
Other A*				
Other B*				
<i>*For Other, attach additional details</i> Notes:				Overall Total:

RESOURCES

Does the candidate require research space? Yes 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
Notes:

Vice Dean, Faculty Affairs, Advancement, and Inclusion Date