

**POSITION DETAILS (check all that apply)**

Does the position provide direct or indirect patient care? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	Is the position funded by a Grant? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
Is position needed to meet the terms of a contract? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	Is the position funded by a Gift? <b>Y</b> <input type="checkbox"/> <b>N</b> <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:** \_\_\_\_\_ Start Date must be on the 1st or 16th

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

**Email:** \_\_\_\_\_  Staff  Faculty  Student  LAC  None-New Hire

Phone: \_\_\_\_\_ **USC 7 Digit Employee ID:** \_\_\_\_\_

Mentor(s) Name: \_\_\_\_\_ For Jr. Faculty ONLY

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

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

**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 license prior to their 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**

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) Provide PPGG and CA information.**

PPGG and CA	Amount Proposed
<b>Total Core:</b>	

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

\_\_\_\_\_ % Admin Time  
 Reporting to \_\_\_\_\_

PPGG and CA	Amount Proposed
<b>Total Administrative Stipend:</b>	
<b>Total Institutional Base Salary (IBS):</b>	

See the Faculty Affairs Website for the Current Minimum Salary

**3. CHLA Support:**

Guarantee  Yes  No If Yes, How Long? \_\_\_\_\_

PPGG and CA	Amount Proposed
<b>Total CHLA Support:</b>	

**NON-SALARY COMMITMENTS**

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

	One-Time	Multi-Year/No. of Years	PPGG and CA	Total Amount Proposed
Housing- <i>Provide Details Below</i>				
Relocation				
Signing Bonus				
Start-up Funds				
Other A*				
Other B*				
<b>Overall Total:</b>				

\*For Other, attach additional details  
 Notes:

**RESOURCES**

**MEDICAL CENTER SUPPORT FOR THIS RECRUITMENT**

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

If yes, 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?  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

\_\_\_\_\_  
Vice Dean, Faculty Affairs, Advancement, and Inclusion Date

Please add any notes or details below: