**AFFIRMATIVE ACTION EXPEDITED REVIEW FORM**

*(Revised September 2014)*

This document is CONFIDENTIAL and for use for Affirmative Action purposes only.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Faculty Diversity Officer

Office of Inclusion, Diversity and Equal Opportunity

Adelbert Hall 315 Location Code: 7048

Phone 216.368.4299 FAX 216.368.8878

Email robynn.strong@case.edu

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair (or Dean)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of EXPEDITED REVIEW sought:

[ ] Short-term visiting appointment

[ ] Research faculty appointment

[ ] Partner hire

[ ] Faculty/research team hire

[ ] Other: Primary salary from University Hospitals, with less than 50% pay from

CWRU

Full Name of Appointee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Faculty or Staff Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] tenured [ ] tenure-track [ ] non-tenure track

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

Effective Appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_ Hispanic [ ] yes [ ] no

For **SHORT TERM VISITING APPOINTMENT** (less than one year)   
Provide a copy of appointee’s curriculum vitae along with this form.

For **RESEARCH FACULTY APPOINTMENT**

Provide a copy of the appointee’s curriculum vitae and the following information on the

last five research faculty members appointed.

Name Dates of Appointment Race Gender

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| --- | --- | --- | --- |
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For **PARTNER HIRE and/or FACULTY/RESEARCH TEAM HIRE**

Attach a specific justification for use of the Expedited Review process including why the

hire contributes to the diversity or to the strength of the University, including how it meets an important need of the University. In addition, provide (1) the curriculum vitae of the appointee(s) and (2) documentation that the appropriate Dean(s) and Provost wish to seek an expedited review for the hire(s).

Name of Partner or Lead Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ] open position(s) already exist

[ ] an open position will exist in the near future (2-3 years)

[ ] new position(s) can be created in the department desiring to hire the partner/

research team

Dean’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_