

**REQUEST TO INITIATE FACULTY SEARCH**  
**FOR FULL TIME FACULTY**

Case Western Reserve University School of Medicine  
Office of Faculty Affairs and Human Resources

All materials to: [somFacultySearch@case.edu](mailto:somFacultySearch@case.edu)

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Departments assign unique identifier to each request \_\_\_\_\_ (year-followed by an ascending number beginning with 200).

Required for all new full time faculty openings.

CWRU Affirmative Action Approval is required for faculty who will receive the majority of their salary from CWRU.

1. \_\_\_\_\_  
(Name of Chair and Department making request)
  
2. Is this a \_\_\_\_\_ (new position) \_\_\_\_\_ (replacement)? (please check one)  
If this is a replacement, name of departing faculty member \_\_\_\_\_  
  
Is this a leadership position (Division Chief, Director)? Title \_\_\_\_\_
  
3. Strong internal candidate identified: \_\_\_(yes) \_\_\_ (no)  
If yes, name \_\_\_\_\_
  
4. Date by which you hope to have the new person in place: \_\_\_\_\_
  
5. Faculty rank(s) to be sought (check all that apply):  
 Professor  
 Associate Professor  
 Assistant Professor  
 Senior Instructor  
 Instructor
  
6. Tenure status(es) to be sought (check all that apply):  
 with tenure  
 tenure track  
 non-tenure track
  
7. Description of initial year's responsibilities (teaching, research, service and clinical) of the proposed faculty member. Describe plans for development of the faculty member's role over time. Please be specific and use additional page(s) if necessary:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

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8. Anticipated initial % of effort distribution (total =100%)

\_\_\_\_ teaching    \_\_\_\_ research    \_\_\_\_ clinical    \_\_\_\_ admin./other

9. Anticipated CWRU lab & office locations to be assigned: \_\_\_\_\_

Square footage of CWRU office space included above: \_\_\_\_\_

Square footage of CWRU lab space included above: \_\_\_\_\_

10. Anticipated initial total salary \$\_\_\_\_\_ (for each rank chosen in #5)

11. Sources of initial year's support; indicating component percentages or amounts:

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(full/partial salary support is provided in my SOM operating budget)

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(other SOM/University funds (identify account numbers))

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(clinical income to be generated by the proposed faculty member; if this is a major portion of salary, your answer to Question 8 above should be specific and complete)

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(sponsored research with the proposed faculty member as PI (if possible, identify the grant #))

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(sponsored research with other person as PI (identify the PI and the grant #))

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(hospital support)

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(other, please describe in detail)

12. Identify anticipated sources of funding in the faculty member's second and future years of appointment: \_\_\_\_\_

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(signature of chair making request)

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(date of request)