

REQUEST TO INITIATE FACULTY SEARCH
FOR FULL TIME FACULTY

Case Western Reserve University School of Medicine
Office of Faculty Affairs

All materials to: somFacultySearch@case.edu

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- Required for all new full time faculty openings requiring placement of candidate on CWRU payroll.
- There can only be one hire per SOM Faculty Search Form. Please submit separate forms for multiple hires.
- If fully funded and resourced by a hospital affiliate, please check here and submit.

- Faculty Affairs will assign a unique identifier to each search _____

1. _____
(Department) (Chair)

2. _____
(Admin Contact) (Contact Info-phone #, email address)

3. Proposed Search Committee Chair: _____

4. Is this a _____ (new position) _____ (replacement)? (please check one)
If this is a replacement, name of departing faculty member _____

5. Is this a leadership position (Division Chief, Director)? Title _____

6. Strong internal candidate identified: ___(yes) ___(no)
If yes, name _____

7. Date by which you hope to have the new person in place: _____

8. Faculty rank to be sought (check all that apply):

___ Professor ___ Associate Prof ___ Assistant Prof ___ Sr. Instructor ___ Instructor

9. Tenure status to be sought (check all that apply):

___ with tenure ___ tenure track ___ non-tenure track

10. 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:

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

___ teaching ___ research ___ clinical ___ admin./other

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12. Anticipated/Proposed CWRU lab location(s) to be assigned/requested: _____
Anticipated/Proposed CWRU office location to be assigned/requested: _____
Estimated square footage of CWRU lab space to be assigned/requested: _____

13. Financial Information:

<u>Party</u>	<u>Salary Funding Source (A)</u>	<u>Salary Amount</u>	<u>% of Total Comp</u>	<u>Comment</u>
UH				
CWRU*				
Other (B)				

Start-up Package Funding

Funding Amount: _____

Funding Source (including OPR if CWRU): _____

(A) For CWRU, this could be research grants, startup, endowments, operating funds, etc. For UH, this could be clinical income, administrative roles, research funds, or teaching

(B) This could be the VA, CCF, or other outside entity.

Justification why this position is needed now:

Point 1: _____

Point 2: _____

Point 3: _____

(signature of chair making request)

(date)