

College of Medicine - Jacksonville

Faculty/Physician/OPS Position Request Form

*scan and send completed/signed documents to: Recruitment.Request@jax.ufl.edu

*please put department and recruitment type in the subject line of the email

*for FTE's greater than .50, please include a financial proforma

Position #: _____

Requisition #: _____

Date: _____

Name of Former Incumbent (If applicable): _____

Recruitment Type _____

Department _____

Division Name: _____

Specialty: _____

Sub-Specialty: _____

Department Contact Person (# & email): _____

Type of Position: Faculty OPS Physician PostDoc Adjunct Faculty

FTE: _____

Academic Rank (Faculty & Adjunct): _____

Administrative Title (If applicable): _____

Proposed Administrative Supplement Amount (If applicable): _____

Effort Assignment: Teaching: _____ Research: _____ Service: _____ Patient Care: _____

Total proposed salary or Range _____

Funding Type: _____ AAMC %: _____ CPSC%: _____

Why is this position important? What/how does it contribute to the department's and the college's missions? What is the necessity for filling this position? **Attach additional sheets if necessary.**

Describe the principal duties of this position:

Approved: _____
Department Administrator Date

Approved: _____
Department Chair Date

Approved: _____
Pradeep V. Kadambi, MD, MBA, FASN, FAST Date
Senior Associate Dean for Clinical Affairs

Approved: _____
Linda R. Edwards, MD Date
Dean, College of Medicine - Jacksonville