

UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE (SoM)
UNIVERSITY OF PITTSBURGH PHYSICIANS (UPP)

Requisition # _____

FACULTY/PHYSICIAN POSITION RECRUITMENT REQUEST

Department Name _____ Department ID _____

Division (if applicable) _____ Division ID _____

Faculty Rank: ☐ Instructor ☐ Assistant Professor ☐ Associate Professor ☐ Professor

Faculty Stream: ☐ Tenure ☐ Tenure Stream ☐ Non-Tenured

Category: ☐ A ☐ B ☐ C ☐ UPP Only ☐ Pitt Only

☐ New Position UPP Budget ID # _____ Pitt Budget ID # _____

☐ Replacement Position
Name of Person Replaced _____ Position Number _____

Salary Range From \$ _____ to \$ _____

Funding Sources

Please Denote UPMC or Pitt Account Numbers:

<input type="checkbox"/> UPP	_____ %	Account Number (s) _____
<input type="checkbox"/> SOM/Department Funds	_____ %	Account Number (s) _____
<input type="checkbox"/> UPMC	_____ %	Cost Center Number(s) _____
<input type="checkbox"/> Research Grant(s)	_____ %	Account Number(s) _____
<input type="checkbox"/> VAMC/CHP (Specify)	_____ %	_____
<input type="checkbox"/> Other (Specify)	_____ %	_____

Brief statement of specific clinical, research, teaching, and/or administrative responsibilities of this position:

APPROVAL SIGNATURES

Division Chair (If Applicable) Date

UPP Chief Financial Officer Date

Department Chair Date

UPP President Date

Department Administrator Date

Senior Vice Chancellor
Health Sciences & Dean Date

For UPP Office Use Only:

Budget Year _____

For Pitt Office Use Only:

Temporary University Position # _____
Final University Approval Date _____
University Position Number _____
UPP Notification Date _____