FACULTY EMPLOYMENT REQUEST FORM

| Complete one form for each faculty position. | |
| --- | --- |
| Requestor First and Last Name: | Requestor Home Department: |
| Faculty Rank: | Faculty Category: |
| Will the initial appointment have an option of tenure on hire? | Provost Office Faculty Search Number: |
| Field of Concentration: | Salary Range: |
| **Position Information for Budget Purposes**  Please enter position number:    Indicate the following: ☐ New Position ☐ Existing Position | |
| Will this position be funded by a source other than your college? ☐ YES ☐ NO  If you selected YES, please specify the source: | |
| For Term Research Faculty, please note if the position is: ☐ Internally Funded ☐ Externally Funded    If you selected Externally Funded, please specify the source: | |
| **SERVICE MONTHS**   | **Position Number** | **Account Number** | **Account Name**  **Please provide all funding sources and effort** | **Duration of Support**  **Enter Dates** | **Total Budget**  **Available** | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |  |  |  |  |   **INCUMBENT DATA**  **Must be completed for all replacements and transfers**  Name of Departing Faculty Member / Date of Change:  Reason for Termination or Transfer:  If transferred, to what Lehigh Department: | |
| **Position Description Summary** | |
| **Position Description Requirements**  **Education:**  **Relevant Teaching and Research Experience:**  **Other Qualifications:** | |
| **POSITION APPROVAL** | |
| The Provost Office will review requests for all positions to confirm budget availability. All positions funded by research accounts (429000-643999) will also require approval from the Office of Research and Sponsored Programs. The Provost Office will notify the requesting department of approval. **The faculty search process may begin upon receipt of the required approvals.** | |
| | ROUTING | DECISION | INITIALS | DATE | | --- | --- | --- | --- | | Department Chairperson | \_\_\_\_\_ Approved \_\_\_\_\_ Not approved |  |  | | Academic Dean | \_\_\_\_\_ Approved \_\_\_\_\_ Not approved |  |  | | Office of Research & Sponsored Programs  (if applicable) | \_\_\_\_\_ Approved \_\_\_\_\_ Not approved |  |  | | Provost\* | \_\_\_\_\_ Approved \_\_\_\_\_ Not approved |  |  | | ***\*Copy to Budget Office upon approval.*** | | | | | **Additional Remarks** | | | | | |

8/29/24