



Part-time Faculty Staffing Request

Request Date:

Reason for the Request

Dentistry Clinic/Department:

SAP Org Unit:

Billing Cost Center:

Number of 1/2 Days Per Week

Rate Per 1/2 Day:

***** OR *****

Number of 1/2 Days Per Month

Rate Per 1/2 Day:

Faculty Candidate's Name

Anticipated Start Date:

Supervisor of the Candidate

** Please note, the candidate must apply for position in IES, successfully complete pre-employment screening, complete I-9 at Scovell Hall, and do all required paperwork prior to start date.

If this request is to remove faculty member from payroll, please list the dates to remove faculty member:

Payroll Removal Start Date:
Return to Payroll Start Date:

By signing below, I approve the hiring or change in status of the faculty candidate listed on this form.

Division Chief Signature

Date

Department Chair Signature

Date

Credentialing Signature

Date