

**AUTHORIZATION FOR FACULTY RECRUITMENT
UNIVERSITY OF MASSACHUSETTS, WORCESTER**

Authorization Number/date (assigned by the Faculty Administration Office) _____

1. School _____ Program or Center _____
(Medicine, Nursing, etc.) (if relevant)

2. Department: _____ Division: _____
(if relevant) (if relevant)

3. Contact Person: _____ Telephone: _____

4. Position: New Replacement for: _____

5. Proposed Maximum Rank: _____

6. Contract Status: Tenured Tenure Track Non-Tenure Track

7. Proposed Salary Range: Minimum \$ _____ Maximum \$ _____

8. Likely funding Source Percentages: State _____ RTF _____ Group _____ Grant _____ Other _____
***Append additional information as necessary.**

9. *Additional Resources Required: (Beyond those available from the department, program or center, or nursing school) _____

10. *Required Teaching/Research/Clinical Specialty: _____

11. Advertising- please attach copy of your advertisement with a listing of all sources the ad appeared in. Each advertisement should contain the following clause: *As an equal opportunity and affirmative action employer, UMMS recognizes the power of a diverse community and encourages applications from individuals with varied experiences, perspectives and backgrounds.*

12. Proposed Search Committee Chair: _____
Proposed Search Committee Composition:
Total Number _____ Female Members _____ Total Minority Members _____ Female Minority Members _____

13. **NO Search (written request/justification must accompany authorization form)**

SCHOOL, DEPARTMENT, CENTER/PROGRAM SIGNATURES: Please obtain in this order.

(1) _____ (2) _____
Division Head, Program Director or Center Director Department Chair, or Dean of Nursing

CENTRAL ADMINISTRATION APPROVAL IF ITEMS 1-10:

(3) _____
Vice Provost for Faculty Affairs Date

(4) _____
Vice Chancellor for Administration and Finance Date

EQUAL OPPORTUNITY OF ITEMS 11-13:

(5) _____
Associate Vice Chancellor for Diversity and Equal Opportunity Date

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Instructions for completing Authorization for Faculty Recruitment Form

This form **must be completed in full before any search is initiated**. The Office of Faculty Administration will then assign a recruitment number. **Only after** this number has been assigned and all required signatures obtained, can recruitment activities begin.

Items 1-12 should be filled out in their entirety.

The appropriate signatures required are:

- (1) Division Head, Program Director or Center Director (if relevant)
- (2) Department Chair, or Dean of Nursing

Except in those rare cases when item 13 is checked * the form should be transmitted to the Office of Faculty Administration (Location: S2-333, Phone 508/856-4268) for assignment of the **Recruitment Authorization Number**, the Vice Provost for Faculty Affairs signature (#3) and transmittal to the Office of Equal Opportunity.

Following signing by the Associate Vice Chancellor for Diversity and Equal Opportunity (signature #5), the original form will be returned to the initiating department or school by the DEOO.

Please note that since advertising is the responsibility of the department or school, the submission of an advertising package to Human Resources is no longer required. (Human Resources will, upon request, provide assistance with the individualized or large advertisements.)

* Conducting open searches is the general rule for filling all faculty positions. However, in rare cases, a position may be filled without conducting a search. These specific situations are limited to: filling faculty positions, from within UMMS, at or below the rank of assistant professor; very rare circumstances where approval of an external recruitment at or above the assistant professor level has been granted without a search. In these cases, detailed justification must be provided and approved by the Associate Vice Chancellor for Diversity and Equal Opportunity **PRIOR** to transmittal to the Office of Faculty Administration.