



To be completed by the Department Chair to hire full-time or part-time faculty and routed for the appropriate approvals below. Please forward this form along with the Candidate Docket to the Office of Human Resources & Faculty Services.

*Please check category*

- Clinical (clinical involvement on some level or housed in clinical setting)*
- Non-Clinical (administrative/office/didactic, research or laboratory)*

Today's Date: \_\_\_\_\_

Department name: \_\_\_\_\_ Position #: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

This is a  New Position     Replacement    If replacement: Prior incumbent's name \_\_\_\_\_  
Salary \_\_\_\_\_ End date: \_\_\_\_\_

Rank of faculty: \_\_\_\_\_

Full time (102) Interfolio ID Number: \_\_\_\_\_     Part time (112)     Visiting

Salary: \_\_\_\_\_ Anticipated start date: \_\_\_\_\_

Candidate is an:  Internal Candidate     External Hire (new to NYU)

Chart field to be charged: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Account                      Fund                      Organization                      Program                      Project

**CANDIDATE WORK LOCATION- (ALL NON-DENTISTRY LOCATIONS MUST RECEIVE PRIOR HRFS APPROVAL)**

Department Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

Room #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ myTime Approver: \_\_\_\_\_

**AUTHORIZATION**

1. Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_
2. Signature of Assistant Dean, Human Resources & Faculty Services  
\_\_\_\_\_ Date \_\_\_\_\_
3. Signature of Assistant Dean, Finance & Business Operations \_\_\_\_\_ Date \_\_\_\_\_
4. Signature of Vice Dean, Research and Faculty Affairs  
\_\_\_\_\_ Date \_\_\_\_\_
5. Signature of Executive Vice Dean for Administration, Finance, Clinical & Student Services \_\_\_\_\_ Date \_\_\_\_\_