THE UNIVERSITY OF ALABAMA AT BIRMINGHAM						
	COMPENSATION/FACULTY RECRUITMENT REQUEST FORM					
			,			
Document No:	5530					
* Please choose:						
			Staff			
* Date:	7/29/2013		* Location:	Campus		
Check one of the boxes below: <u>Click here</u> for definitions. <u>Click here</u> for FAQ's						
6	Faculty Recruitment Request					
	* Check one of the boxes below:					
New Refill Existing Position						
0	Other					
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM						

	THE UNIVERSITY OF ALABAMA AT BIRMINGHAM				
	FACULTY RECRUITMENT REQUEST FORM				
	TACOLIT RECROTIMENT REQUEST FORM				
			GENERAL INFORMATION		
1.	DE	PARTMENT INFO:			
		* School/Primary Unit:	Academic Joint Departments		
		* Dept/Division/Org #	392303010 ANATOMIC PATHOLOGY		
		(This selection determines the approval routing):			
		:			
		Center/Program/Laboratory:			
		Contact Name:			
2.	2. CURRENT OR REQUESTED JOB INFO (If applicable):				
		* Five-Digit Position Number:	07302		
		* FTE:	1.00		
		* Status (choose all that	Full-Time		
		apply):	Part-Time		
			Temporary		
			▼ Tenure		
			▼ Tenure-Earning		
			✓ Non-Tenure-Earning		
			9-Month Appointment		
			12-Month Appointment		
			Other		
3.					
	If more than one rank is required, please select 'Open Rank', click on the 'Other' option under Terminal Degree and enter the				
_	multiple ranks in the 'Please Specify' box that displays. * Academic Rank: Open Rank				
		* Terminal Degree:	'		
		_	Ph.D. M.D. Other (Spe	ecify)	
4	FU	JNDING INFO:			
		* Is the request (please check	one):	Budgeted	
				Unbudgeted	

5.	5. LABOR SOURCE(S):				
To remove a newly added section, click on the arrow at the left. Never remove the original section, only newly added repeated					
	sections. * GL Code/PTAO (Project, Task, Award, Organization): TBD				
of code, FTAO (FTOJECT, Task, Award, Organization).					
* Sala	ary Range:		TBD		
* Bud	dget Year:		2014		
■ Te	o add another Labor Source to	o this form, click on the b	lue highligh	nted arrow at left.	
	dd another Labor Source, cli				
6.	SALARY - TOTAL ESTIMATE	_	, 1	5- 11- 11- 11-	
	UAB/State	unding (UAB & Non-UAB		Primary Source of Funding Account# 311312	
	Grants/Contract				
	HSF Transfers	\$ 0.00			
		\$0.00			
	Hospital	\$ 0.00			
	VA	\$ 0.00			
	Other	\$ 0.00			
	Total Salary (Exclude Benefits, HSF Flex, etc)			0.00	
7.	PREPARER INFO:	iex, etc,	ļ	<u> </u>	
	* Name/Blazer ID:	mroser	mroser		
	* Email:	mroser@uab.edu	mroser@uab.edu		
	* Phone:	975-2254	975-2254		
	* Job Title:	Business Officer II			
		FACUL	TY POSITION	ON SUMMARY	
	sition Summary/ Description	•			
Surg	gical pathologist with specilize	ed expertise in GU patho	logy with ti	raining, experience or developing interest in Informatics.	
Plea	se attach a copy of the propo	sed position advertisem	ent as it wi	Il appear in professional publications or Web site posting.	
Atta	chment is available on the at	tachments screen. The a	ttachments	s screen will appear after clicking on submit below.	
		PROF	ESSIONAL	PUBLICATION	
		lications/sources below.	Please ren	nember to attach a copy of the proposed position advertisement	
	will appear in professional pu publication is required, selec	·		attachments screen will appear after clicking on submit below.	
	• • • •	•	•	<u>ver</u> remove the original section, only newly added repeated	
sections.					
* Choose one: American Journal of Clinical Pathology					
If no publication is required, select "None Required" from the dropdown. To remove a newly added section, click on the arrow at the left. Never remove the original section, only newly added repeated					
sections.					
* Choose one: newscientistjobs.com					
To add another Publication, click on the small blue highlighted arrow (above left). To add another Publication, click on the small blue highlighted arrow (above left).					
FACULTY DISTRIBUTION OF EFFORT					
List the areas of responsibility/distribution of efforts as teaching, research, clinical, service and/or administrative. The proposed total					
uistr	stribution of effort must equal 100 percent. Duty/Responsibility/Distribution of Effort			%	
1.	* Teaching			5.00	

2.	* Research	30.00		
3.	* Service	0.00		
4.	* Clinical 65.00			
5.	* Administrative 0.00			
	Total Percentage:	100.00	100.00	
	FACULTY POSITION DESCRIPTION LICEN	ISES, CERTIFICATES OR REGIST	RATIONS	
To re section	If no license is required, select "None Required" from the dropdown. To remove a newly added section, click on the arrow at the left. Never remove the original section, only newly added repeated sections.			
	o add another License, click on the small blue highlighted arrow ((above left).		
	ld another License, click on the small blue highlighted arrow (a	above left).		
	ase list all the other License (s) below: edical license			
	1. Briefly explain any aspect of the position not covered by the			
	ATTACHI	MFNTS		
GU S	Surgical Pathologist ad.docx	MENT-		
	form was previously rejected. For approval history and rejectio rt will show you all versions of the form for a specific document		eport Form List and Print View. This	
	SIGNATURE/APPROV	VAL INFORMATION		
Subn	nitter:	ıroser	7/29/2013	
Appr	1. 14	right	8/5/2013	
	ments:	TIGHT.	0/ 3/, = 0.13	
	nens.			
Appr	oval Level 2: tc	cooper1	8/5/2013	
	ments:			
Approval Level 3: da		arogers	8/5/2013	
Comi	ments:			
Approval Level 4: jb		ward	8/5/2013	
Comments:				
1				

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Approvai Levei 5:	seaustin	8/5/2013
Comments:		
Approval Level 6:	lucas	8/6/2013
Comments:		