

Request for Waiver of a Faculty Search

Waiver #: *(# will be assigned by EOD)*

Appointment Type: (Check One)

Tenure-Track/Tenured Faculty

Research-Track Faculty

Clinical-Track Faculty

Other Faculty

For existing positions, please enter position #:

Required Attachments:

Justification of Waiver

Tenured Faculty Position: Record of
Departmental and Collegiate Vote

Draft Offer Letter

Tenured Faculty Position: Signed DEO
Letter to Dean

Proposed Appointee's Current CV/Resume

3 Letters of Recommendation

Recommended Appointee:

(First Name)

(Last Name)

(Suffix)

If current UI Employee, please enter:

(Current Rank Code)

(Current Title)

Proposed Org #: **Dept #:** **Dept Name:**

Proposed Percent Time: % **Proposed Start Date:**

Proposed Faculty Code: **Title:**

Proposed Annual Salary Range: From \$ **To \$**

Please continue to next page.

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Waiver Initiator:

(Name)

(Date)

Contact Person if any additional information is needed:

(Name)

(Email)

(Phone)

Reason for Waiver Request (*Check all applicable but must elaborate on reason(s) in required Justification attachment*):

Dual Career Network

Candidate Identified in Grant

Reorganization

Faculty Diversity Opportunity Program (FDOP)

Search for Regular Position not yet

Uniquely Qualified Applicant

Authorized

Other (if checked, please explain in space provided below)

Emergent Instructional needs

Required Signatures:

Initiator

Date

Department Executive Officer

Date

Dean

Date

Associate Provost for Faculty

Date

Director, Equal Opportunity & Diversity

Date

EEO Coordinator

Date