



USF Health Funding Plan Faculty Positions Only

Do not use this form for non-faculty positions

College Department GEMS Dpt. Position Title

New Position Continuous One Year Partial Year **Position Type** Faculty OPS Post Doc OPS Adjunct

% FTE Tenure Earning Yes No Tenure FTE% Annual Salary \$ Fill Vacant Pos. Replacing (Predecessor)

Position Recl. Last Name First Name GEMS ID if assigned Rec #
If Recl., put in name & GEMS ID of employee

	Op Ut	Fund #	Dept	Product	Initiative	Grant Proj #	Combo Code	% #1
#1	HSC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								Rate \$ #1 <input type="text"/>
#2	HSC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								Rate \$ #2 <input type="text"/>
#3	HSC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								Rate \$ #3 <input type="text"/>
#4	HSC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								Rate \$ #4 <input type="text"/>

Percentages % must = 100 % Total

Budget Check I have reviewed and verified that there are funds available in the chart fields listed above to cover this request for position funding. Business office must check for MCOM & Central Services **Budget Verified By:**
Name and Date

*Attach documentation of funding: ie, grant award, letter of guarantee from an affiliated institution, external grant, approved USFPG funding plan, etc.

Rationale: Describe the impact of this position on current and future activities, ie., teaching, research, clinical, administrative, etc. (attach addtl sheets if necessary.)

Space Requirements

Location Lab Space Office Space Clinic Space New

Approvals

Dept. Head/Chair <input type="text"/>	Date <input type="text"/>	Funding Approval if not dept. <input type="text"/>	Date <input type="text"/>
Print Name <input type="text"/>		Print Name <input type="text"/>	
Dean Approval <input type="text"/>	Date <input type="text"/>	VP Approval <input type="text"/>	Date <input type="text"/>

Comments:

Form Preparer Preparer Phone # Date Prepared