



# WVU SCHOOL OF MEDICINE

## SEARCH REPORT

Name of Selected Candidate:

Date Search Report is submitted to the Dean's Office:

### GENERAL INFORMATION

Position Title:

Division/Department:

School/College:

Salary Range: \$

Area of Specialization:

☐ New Position

☐ Replacement Position - Name of Person Replaced:

☐ Promotion - Previous Title:

Gender:

Date Position is Available:

Date Requested Position Begins:

Check One

Check One

Check One

☐ Tenure track faculty

☐ Full-Time Position

☐ Regular Position

☐ Non-tenure track faculty

☐ Part-Time Position;

☐ Temporary Position

☐ Nonclassified

%FTE:

End Date:

☐ Faculty Equivalent/Ac. Prof.

☐ Interim Position

### **JOB POSTING WAIVER APPROVAL** *(if applicable for positions not posted 30 days)*

Waiver Request Summary:

Director of Physician Talent Management Signature:

*(Or their designee in Physician Recruitment)* Date:

### SIGNATURES

1. Hiring Official:

Date:

2. Physician Recruiter-AA/EEO Representative:

Date:

*\*Return this form to the WVU School of Medicine Dean's Office when you submit your draft offer letter*