



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:

Social Security Number:

Date Position is Available:

Date Requested Position Begins:

Check One

☐ Tenure track faculty

☐ Non-tenure track faculty

☐ Nonclassified

☐ Faculty Equivalent/Ac. Prof.

Check One

☐ Full-Time Position

☐ Part-Time Position;

%FTE:

Check One

☐ Regular Position

☐ Temporary Position

End Date:

☐ 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)

SIGNATURES

1. Hiring Official:

2. Physician Recruiter-AA/EEO Representative:

AA/EEO Clearance: Yes No

Applications/Interview disclosures (i.e. Medical Malpractice claims, criminal records, etc.) have been cleared & approved by Legal & Med Staff Affairs: Yes No

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