

UT Health Science Center Employee Hiring Justification Form

Requestor Name _____ Phone # _____

Department Contact
(Business Manager) _____ Phone # _____

Position Title _____ Department _____

Position # _____ Requisition # _____
(if applicable) (if applicable)

Previous Incumbent _____

<p>Is this a new or replacement position? Are they new duties? <input type="checkbox"/> Yes <input type="checkbox"/> No Were these duties previously performed by another position or positions? If so, what position performed these duties and why has this changed?</p>
<p>Can the unit redeploy current staff to perform these duties? Please provide another position in your unit or on campus that's similar.</p>
<p>Funding source and duration of the funding source?</p>

What is the position's function?

How does this position support UT Health Science Center's safety, compliance, core values or mission? Why should filling this position move forward? (For example, provide details on safety, compliance, grant deliverables, or other mission-critical risks if the position is not filled immediately).

What existing internal resources have you explored to complete the work in lieu of hiring? (Note that HR, Faculty Affairs, or your business manager is available to help with the identification of internal resources.)

Dean/VC Approval _____ Date _____

Office of Research Review (for positions which are primarily research oriented)

Office of Finance (Fiscal Review)

CAO Approval
(Faculty)

Date _____

EVC-COO
Approval

Date _____