UT Health Science Center Employee Hiring Justification Form

Requestor Name _____ Phone # _____

Department Contact
(Business Manager) _____ Phone # _____

Default Account Number
(28-digit format) _____

Note: Per DASH requirements this number must begin with a numeric value. A grant funded account that begins with "SPN," cannot be used for this purpose.

Funding source and duration of the funding source?
What is the position's title and 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 _____

College/ Business Unit Approval _____ Date _____