Medical College of Georgia - (Full-time) Faculty Employment Request (FER)

ACH # *Application Deadline Date *Effective Date
*Dates as Indicated on the Advertisement

Search Committee Chairman / Campus Ext:

Faculty Search Coordinator / Campus Ext:

Resources Used to Recruit Qualified Applicants (attach advertisement)
1. Applicant Clearinghouse **
2.
3.
4.
**ACH Form is a University System of Georgia requirement to begin the Institutional Faculty Recruitment Process. The ACH can no longer be the only resource used in recruitment, unless prior approval has been received from the Provost. Received Provost Approval : Y ☐ N ☐ Approval Attached: Y ☐ N ☐

Work Commitment: 0% MCG 0% VA 0% Affiliated = 100% Dept # _____ Pos # _____
Approved Title / Rank:
Approved Academic / Administrative Unit:

Percentage Breakdown of Effort = 100%
Acad: 0% Res: 0%
Admn: 0% Pat Care / Srv: 0%

Fund Type (Check all that apply)
RI ☐ Sponsored ☐ Dept Sales ☐ Auxiliary ☐
MCGHI ☐ Supplement ☐ Plant ☐ Other ☐

Proposed Funding Distribution Account Number	Rate	To Be used for Joint Staff Only Department	Position	Salary Rate Per Annum
---	0%			
	0%			
	0%			
	0%			
	0%			
	0%			
	0%			
	0%			
	0%			
TOTAL	0%			$0.00

Description of Position (include teaching and research expertise):

Assessment of Need for Position:

Signature of Chairperson: **Date:**

Signature of Dean / Vice President: **Date:**

Institutional Decision: **Approved - Fill Position** **Deferred - Do Not Fill Position**

Signature of Provost: **Date:**

FER Approval Notification: **SCC(e-mail)** **FSC(e-mail)** **OIRI(fax)** **AA EEO(fax/e-mail)** **Date:**

PRINT RESET