

# SOUTHWESTERN

## ANNOUNCEMENT OF FACULTY OPENING

FOR MA OFFICE USE ONLY

POSITION TITLE \_\_\_\_\_

POSTING NO. \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

DATE POSTED \_\_\_\_\_

RECRUITER \_\_\_\_\_

POSTING PERIOD ENDS \_\_\_\_\_

NEW SOURCE OF FUNDS \_\_\_\_\_  REPLACEMENT FOR \_\_\_\_\_

PERSON TO RECEIVE COPY OF THIS FORM \_\_\_\_\_ (Please Type or Print) MAIL CODE \_\_\_\_\_ EXT \_\_\_\_\_

### SIGNATURES REQUIRED FOR APPROVAL:

DEPARTMENT CHAIRMAN \_\_\_\_\_ DATE: \_\_\_\_\_

DEAN \_\_\_\_\_ DATE: \_\_\_\_\_

MINORITY AFFAIRS OFFICE \_\_\_\_\_ DATE: \_\_\_\_\_

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Pink - Dean's Office

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Green-Human Resources

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Revised 3/95

AFTER APPROVAL, CUT ON DOTTED LINE AND POST LOWER PORTION

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POSITION TITLE \_\_\_\_\_

POSTING NO. \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ DATE POSITION AVAILABLE \_\_\_\_\_

DESCRIPTION  FULL-TIME  REGULAR ANNUAL SALARY (MINIMUM) \_\_\_\_\_

(CHECK TWO)  PART-TIME  TEMPORARY (4 MOS. OR LESS)

ELIGIBILITY FOR TEXAS MEDICAL LICENSE REQUIRED  YES  NO

REQUIREMENTS AND DESCRIPTION OF DUTIES (INCLUDE EDUCATION, EXPERIENCE AND ANY SPECIAL PREREQUISITES)

DOCUMENTS TO BE SUBMITTED BY APPLICANTS:  COVER LETTER  LETTER(S) OF REFERENCE  CURRICULUM VITAE

SUMMARY OF PROPOSED RESEARCH  SUMMARY OF PROFESSIONAL GOALS  OTHER \_\_\_\_\_

SEND DOCUMENTS TO: NAME \_\_\_\_\_

Department of \_\_\_\_\_

The University of Texas Southwestern Medical Center at Dallas

5323 Harry Hines Blvd.

Dallas, TX 75390- \_\_\_\_\_

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER