



**BROWN**  
Division of Biology  
and Medicine

**Faculty Position**  
**Authorization**  
**Clinical Department**  
**Affiliate Organization Based**

**FPA#**  
**Date:**

- 1. Department/Division/Center/Program:**
- 2. Hiring Institution:**
  - a. Replacement for
  - b. New position
  - c. Position is part of the approved departmental staffing plan
- 3. Funding:**
  - a. Grants and Contracts
  - b. Departmental Budget
  - c. Without Salary
- 4. Hospital Position Title:**
- 5. Faculty Track/Rank(s):**
- 6. Term of Appointment** (dates must start at the beginning of the month): **From** \_\_\_\_\_ **to** \_\_\_\_\_
- 7. Percent time:**
  - a. 100%
  - b. Other \_\_\_\_\_
- 8. Is there a possibility of renewal of the position?**
  - a. Yes
  - b. No
- 9. Salary Range (must be a specific amount for Pre-Select):** From \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- 10. Salary Base Period:**
  - a. 9 month
  - b. 10 month
  - c. 12 month
  - d. other
- 11. Position Requirements:** (please distinguish between required and preferred items; attach additional pages as necessary)

\_\_\_\_\_  
Hospital CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date