



**UNIVERSITY OF
GEORGIA**
College of Pharmacy

Proposal to Hire Form

Today's Date: _____

Requesting Unit: _____

Employment Status: circle all that apply below.

Faculty Staff Student (non FWS) Postdoctoral

Full Time Part time

Regular Temporary (specify length of employment): _____

Vacant position New position

Position Title: _____

Position Supervisor: _____

Justification:

- Include a brief description of why the position is needed.

When was this position last reviewed, changed, or restructured?

- Please include any recent promotions or reclassifications that may be associated with the position.

What other alternatives or organization strategies have been considered?

Position Description(s)

- Attach a job description to include a 5-10 sentence job summary, detailed list of job duties in order of importance, and approximate the percentage of effort spent on each task (duties can be listed by category i.e. administrative support, financial duties, etc.)

Impact and Influence

- Detail who this position will interact with on a consistent basis (title(s)/name(s), what degree of autonomy will the individual have within the role, and to what extent do their decisions impact the organization as a whole.

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Financial Considerations:

This request is submitted with the understanding that the position is mission critical and all funds associated with the request are available and are not required to meet any budget restrictions or program redirections.

- Detail the following:
 - Proposed [classification and salary range](#)
 - Proposed relocation, campus visits, & recruiting expenses
 - Proposed start-up costs
 - Funding source
 - Other costs

Equity Considerations: For department to complete

- Detail if there is potential for the position to cause an equity issue within the department or unit.

Organization Charts

- Attach the current organizational chart and proposed organizational chart with the position.

Signature Approvals

Your signature below indicates you have reviewed this proposal, ensured the information provided is complete and accurate, and support the action proposed within.

Requester: _____ Date: _____

Human Resources Manager: _____ Date: _____

Department/Unit Head: _____ Date: _____

Dean: _____ Date: _____

Note: Please use DocuSign when routing this form to the Dean