

# FACULTY RESOURCES NEEDED (FORM RN)

To be completed for all new full, associate, or assistant professor appointments



**REVISION** (please circle your changes on the printed form)

## SECTION I. CANDIDATE INFORMATION

Name of candidate: \_\_\_\_\_

Department: \_\_\_\_\_

Department Rank: \_\_\_\_\_

Effective Date (MM/DD/YYYY): \_\_\_\_\_

Signature of Chair: \_\_\_\_\_

Date

## SECTION II. RESOURCES NEEDED

If you foresee that there will be any expenses in connection with this proposed appointment (beyond salary and benefits of the individual), please:

1. detail them in full
2. in each case, indicate the sources from which you propose that they be met including departmental resources

No appointment will be processed (in the case of tenure appointment, outside letters cannot be solicited) until it is clear that the resources needed to cover estimated expenses will be available.

### CHECK ONE:

- We foresee no expenses in connection with this appointment.
- Attached is a detailed breakdown of anticipated expenses and proposed sources of funding.

## SECTION III. SUMMARY

**TOTAL ANTICIPATED** \$ \_\_\_\_\_

**Dept. Contribution** \$ \_\_\_\_\_

**Contribution by other internal sources** \$ \_\_\_\_\_  
(Source: \_\_\_\_\_)

**BALANCE REQUESTED WITH THIS FORM** \$ \_\_\_\_\_