School/Unit:	Dept:	Date:
Title:	Candidate:	
Estimated Start Date: End Date (Temporary Term):		
Instructions		
1. Department submits waiver and	justification letter for approval to Dean's Off	fice.
	ning approval from the Dean's office, Departnk. Candidate will create a profile and attach the	

## ng link to d the CV and CV for internals only as attachments to Taleo. 4. Human Resources will attach the candidate's profile to the requisition and submit to Senior Vice President (SVP), Academic & Faculty Affairs for review and approval. 5. <u>Upon SVP, Academic & Faculty Affairs approval, the Department creates the offer.</u> Reason for Waiver Non-Benefits Eligible General A&P Position **Negotiated Hires in a Faculty Recruitment Package** (includes rehired retired faculty) A position Includes spouse/partner and/or laboratory that is not eligible for benefits because of personnel appointed with graduate student, post their part-time or casual status Doctoral Research Fellow, General A&P or faculty titles in circumstances where it is necessary to Current or Former Fellow/Resident/Graduate recruit a successful candidate as determined by Student Hired into a regular General A&P the standard competitive search. Position (e.g., Staff Physician/Staff Dentist/ Staff Educator/Staff Scientist/Visiting Scientist) **Emergency Appointment** and the UTHealth Houston Relationship ended Department performance may be impaired because no more than 1 year before date of hire. of vacant position. **Current Fellow/Resident – Temporary Hire Presidential Waiver** Hired into a temporary General A&P title for May be granted on rare occasions with appropriate the duration of their training. Justification to the President, upon review and Approval by the Senior Vice President of Promotion to a Benefits Eligible General A&P Academic and Faculty Affairs. Position within the same Department Classified staff member/Post-Doctoral Research Fellow/Part-Time (without benefits) or Casual. Form Completed By: Signatures & Approval To be completed by Department Chair Approved Denied Name: Signature: \_\_\_\_ To be completed by Dean of School Approved Denied Name: Signature: \_\_\_ To be completed by SVP, Academic & Faculty Affairs Approved Denied Name: Signature: \_