**AFFIRMATIVE ACTION EXPEDITED REVIEW FORM**

*(Revised February 2021)*

This document is CONFIDENTIAL and for use for Affirmative Action purposes only.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Office for Inclusion, Diversity and Equal Opportunity

Adelbert Hall, Suite 109 Location Code: 7048

Phone: 216.368.8877

Email: facultydiversity@case.edu

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

Department Chair (or Dean)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of EXPEDITED REVIEW sought:

[ ] Short-term visiting appointment

[ ] Research faculty appointment

[ ] NIH K-Award recipient appointment

[ ] Partner hire

[ ] Faculty/research team hire

[ ] Other: Primary salary from University Hospitals, with less than 50% pay from

CWRU

Full Name of Appointee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Faculty or Staff Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] tenured [ ] tenure-track [ ] non-tenure track

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

Effective Appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_ Hispanic? [ ] yes [ ] no

For **SHORT TERM VISITING APPOINTMENT** (less than one year; **non-renewable**)

Provide a copy of appointee’s curriculum vitae along with this form.

For **RESEARCH FACULTY APPOINTMENT**

Provide a copy of the appointee’s curriculum vitae and the following information on the last five research faculty members appointed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Dates of Appointment** | **Race** | **Gender** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

For **NIH K-AWARD RECIPIENT APPOINTMENT**

Provide a copy of the appointee’s curriculum vitae and NIH Notice of Award (NOA) along with this form.

For **PARTNER HIRE and/or FACULTY/RESEARCH TEAM HIRE**

Attach a specific justification for use of the Expedited Review process including why the

hire contributes to the diversity or to the strength of the University, including how it meets an important need of the University. In addition, provide (1) the curriculum vitae of the appointee(s) and (2) documentation that the appropriate Dean(s) and Provost wish to seek an expedited review for the hire(s).

Name of Partner or Lead Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ] open position(s) already exist

[ ] an open position will exist in the near future (2-3 years)

[ ] new position(s) can be created in the department desiring to hire the partner/

research team

Dean’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_