This form is to be used for Clinical Fellow, Courtesy, and Affiliate appointments.

Name of Authorized Requestor: __________________________ Phone: __________ Date: __________

Hiring Unit: __________________________

Position Information

Type: __________________________ Anticipated Start Date: __________ End Date: __________

FTE or Estimated Hours Per Week: __________ Supervisor: __________________________

Recommended Appointee Information

Name: __________________________ OSU ID: __________________________

Comments

Clinical Fellows

Email draft position description & recommended appointee’s resume/CV to HSBC.HR@oregonstate.edu.

Courtesy/Affiliate

Retain a copy of the position description & recommended appointee’s resume/CV at the departmental level.

Funding Information (Not Required for Courtesy/Affiliate)

Proposed Full-Time Annual Salary/Stipend: __________ Estimated OPE: __________

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For information regarding calculation of OPE, please visit http://fa.oregonstate.edu/budget/budget-development-resources or send an email to BC.HealthSciences@oregonstate.edu.

Approvals

Department Head/Director: __________________________ Date: __________

Dean: __________________________ Date: __________

HSBC Budget Authority: __________________________ Date: __________

Send fully signed form & requested attachments, along with draft PD, to HSBC HR Manager, HSBC.HR@oregonstate.edu.