# Position Control - Position Request - Request # 582

## Requestor Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Ahmed, Simona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room / MC:</td>
<td>O-104D</td>
</tr>
<tr>
<td>Phone:</td>
<td>(773) 795-5414</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:sahmed10@bsd.uchicago.edu">sahmed10@bsd.uchicago.edu</a></td>
</tr>
</tbody>
</table>

**Comment:**

Characters Left: 4000

## Position Request

<table>
<thead>
<tr>
<th>Unique ID:</th>
<th>582</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nickname:</td>
<td></td>
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</tbody>
</table>

- **Position Type:**
  - [ ] Clinical
  - [ ] Research
  - [ ] Education
  - [ ] Admin

- **Job Group:**
  - [X] Faculty
  - [ ] Clinical Associate
  - [ ] Clinical Academic
  - [ ] Research Associate
  - [ ] Lecturer
  - [ ] Sr. Lecturer
  - [ ] LLC

- **Projected Track:**
  - [ ] SOM
  - [ ] BSD

- **Projected Rank:**
  - [ ] Open Rank
  - [ ] Assistant Professor
  - [ ] Associate Professor
  - [ ] Professor

- **Request Date:** 5/8/2017
- **Request Approved as Part of Budget:** Yes
- **Position Approved as Part of Budget:** No

- **Is this Position New?:**
  - [ ] New
  - [X] Replacement

- **Who is Replaced:**

- **Department:**
  - Select an item...

- **Section:**

- **FTE:** 100
- **Number of hires:** 1

- **Does this position relate to a Strategic Initiative of the Hospital?:** Yes

## Position Request Description

**Position Description:**

Characters left: 4000

Justification (Distinction / Strategic & Scholarly Impact / Other Program Synergy / Alternatives):

Characters left: 4000

Mission Based Effort

**Clinical (%):**
Clinical role description: Please include indicate below the number of clinics sessions/wk and number of months of attending and the proportion expected to be held on-campus expected from this position. Also include names of other faculty that have similar specialty, if any.

Characters left: 4000

Does this position require specialized assistance/collaboration from or otherwise have potential impact on another Department? If yes, please specify which one and what is needed.

Characters left: 4000

Research role description: Please include information regarding seniority of researcher being recruited, expected salary recovery and ramp up period.

Characters left: 4000

Education role description: Please describe course/courses that the position is expected to fill for PSOM, Graduate, GME.

Characters left: 4000

Administrative Role Description:

Characters left: 4000

Scholarly Effort Description:

Characters left: 4000
Position Recruitment Details

Anticipated Start Date: 

Sites of Practice: * Multiple selection permitted
Select...
Corner
CCAM
Huron
Offsite
Offsite General
Other
Silver Cross

If other above, provide further info:

Schedule of Funding: 
Current Fiscal Year Budget
Unbudgeted for this Fiscal Year
Next Fiscal Year Budget

Source of Funding: 
Select an item...
DEPT
UCMC
Other

If other above, provide further info:

Pro Forma Template: Pro Forma Template

Pro Forma for the Position: Browse... No file selected.

Economic Considerations

Budgetary Impact on BSD
Characters left: 4000

Budgetary Impact on UCMC
Characters left: 4000

Clinical Selection: 
Select an item...
Ambulatory
Anesthesia
GI
Pathology
Radiology
Other

Explain if other is selected:
Characters left: 4000
**Commitment and Space**

<table>
<thead>
<tr>
<th>Is Part of Existing Package/Commitment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

If yes, please describe: [Characters left: 4000]

<table>
<thead>
<tr>
<th>Anticipated Space / Equipment / Related Recruitments / Other Needs</th>
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</table>

[Characters left: 4000]

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<tr>
<th>Animal Use?</th>
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<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

If yes, please describe: [Characters left: 4000]

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**Please identify space where commitment request will be housed:**

* Use the Room Information link to identify the Building / Room. Enter that information in the field.

**Office:**
- Location-building/room number(s): 
- Estimated renovation and furnishing costs: $
- Source of funding:

**Research Laboratory:**
- Location-building/room numbers(s): 
- Estimated renovation and furnishing costs: $
- Source of funding:

Submit  Save, and Continue Later