UC DAVIS SCHOOL OF MEDICINE
NEW FACULTY ACADEMIC RESOURCE PLAN

Recruit: ________________________________ Date of Hire: ________________

Department Chairperson: ____________________________

Department and Division: ____________________________

Academic Series, Rank, and Step:
- □ Regular Ranks (APM 220)
- □ In Residence (APM 270)
- □ Clinical _____ (APM 275)
- □ Adjunct (APM 280)
- □ Professional Research (APM 310)

Rank: ____________________________ Step: ______

University Recruitment Policy:
The University’s recruitment program is directed toward obtaining the best qualified person for the position authorized and is, among other things, subject to University of California Academic Personnel Policies. Attached to this form are APM Sections 200 and 210 relating to the academic review process and APM _____ describing the criteria relating to the _________________ series.

The Department Chairperson authorizes that the following resources of facilities, equipment, technical and financial support, and faculty research time will be made available unless unanticipated departmental needs dictate otherwise. It is understood by the recruit that, because of changing budgetary resources and demands, the commitment may have to be modified.

This document is not a binding contract and is intended only to provide evidence of the discussions between the Department Chairperson and the recruit on the allocation of resources for the purpose of research.

Facilities and Equipment:
Space:
- □ Total Space Assigned (Office, Teaching, Research) ________________
- □ Dedicated lab space to be made available in Room #_______, Building __________________
- □ Shared/collaborative space in the laboratory of Dr. _________________________
- □ Lab space is not necessary for this recruit to carry out his/her proposed research program.
- □ No space is available.

Equipment:
- □ The following major items of equipment will be purchased:
  - □ No equipment purchases are required.

Page 1 of 1
Revised 08/2000
Technical and Financial Support:

Technical Support:
☐ Technical assistance (_____% time) will be provided for _____ years by ________________________.
☐ Technical assistance is required but is not available.
☐ Technical assistance is not required.

Financial Support:
☐ Start up funds: $______________ per year for ________ years.
☐ Start up funds are required but are not available.
☐ Start up funds are not required.
☐ Health System Commitment: $______________ per year for ________ years

Salary Shortfall Commitment: ______________________________________________________

Activities/Percent Effort:

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<thead>
<tr>
<th>Activity</th>
<th>%</th>
<th># of ½ days in clinic per week</th>
<th># of OR days per week</th>
<th># Months on service per year</th>
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<tbody>
<tr>
<td>Teaching</td>
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<td>Research</td>
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Specific Teaching Assignments Include:

Faculty Mentor/Potential Faculty Mentor: ____________________________________________

Other Comments:

Recruit: __________________________________________ Date: ________________

Department Chairperson: ___________________________ Date: ________________