

DATE: _____



9201 University City Boulevard, Charlotte, NC 28223-0001
provost.charlotte.edu

REQUEST FOR WAIVER OF SEARCH REQUIREMENT

POSITION TO BE FILLED

College: _____ Department: _____

Position #: _____ Rank / Title: _____

RECOMMENDATION

Name of Recommended Person: _____ Gender: _____ Ethnicity: _____

Recommended Rank/Title: _____

An annual salary of \$ _____ is proposed on the basis of a _____ month appointment
for the period _____ through _____

JUSTIFICATION

Statement of specific request and justification (continue on a separate page if additional space is needed). Justify why a waiver of search is needed. For example, give specifics as to why a competitive search is not being conducted at this time. Also, please state the person's qualifications as they pertain to the requirements of the position. For more information see the [Academic Personnel Procedures Handbook II.G.](#)

CONCURRENT EMPLOYMENT OF RELATED PERSONS & CONFLICT OF INTEREST

Attach written management plan, if needed.

By signing below we certify that University and UNC System policies related to Conflict of Interest (<http://legal.charlotte.edu/policies/up-102.2>) and the Concurrent Employment of Related Persons (<http://legal.charlotte.edu/policies/up-101.4>) have been thoroughly reviewed and reported by all parties at this pre-hire stage. If needed, an appropriate written management plan is in place. This plan will be updated and reported annually. The plan will be maintained in the hiring department and the Academic Affairs Division office. The management plan addresses on-going supervision of work and reporting responsibilities, financially-related expenses, wage or other compensation approvals, and performance reviews.

SIGNATURES

DEPARTMENT CHAIR: I request waiver/modification of regular search procedures as specified above.

(signature) (typed name) (date)

DEAN: Approved Approved with modification

Comments: _____

(signature) (typed name) (date)

VICE CHANCELLOR FOR ACADEMIC AFFAIRS: (Tenure Track and Appointments of more than 1 year)

Approved Approved with modifications Denied

Comments: _____

(signature) (typed name) (date)

