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***Request for background investigation for a faculty appointment***

**Background investigations are now required for all Regular and Contingent Category II faculty and staff prior to an offer being extended.**

Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

eUMB Department code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this candidate require privileges at the University of Maryland Medical Center? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did this individual receive his/her highest degree at an institution outside of the US? \_\_\_\_\_ Yes \_\_\_\_\_ No

(For HR purposes, the degree that is required for licensure will be the highest degree, if applicable)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The following information will be used in eUMB Financials for payment of the background investigation.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **PCBU** | **Project ID** | **Owner Dept.** | **Program** | **Fund** | **Account** | |  |  |  |  |  | **3752** | |

**Please Scan and email to Human Resource Services at** [**HRJobs@umaryland.edu**](mailto:HRJobs@af.umaryland.edu) **with the subject “Faculty Background Investigation.”**

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Signature of Appointing Authority Date