

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
**AFFIRMATIVE ACTION SUMMARY FOR PROPOSED
FACULTY/STAFF APPOINTMENTS**

Position No. _____

1. College _____ Department _____

2. Rank _____

3. Was a written position description prepared? Yes No

If no, indicate why not: _____

4. Was the position advertised? Yes No

If yes, state the name and dates of the publications/websites in which the advertisement appeared:

If no, indicate why not: _____

5. Was the position announced to other colleges, departments, groups? Yes No

If yes, please give details: _____

6. Were special efforts made to inform potential female and minority applicants? Yes No

If yes, please describe efforts: _____

7. Was an applicant scoring system used? Yes No

8. Was the controlling factor in the recommended appointment: Personal and professional judgment of department or unit head?

Evaluation by supervisory personnel or selection committee? Other (specify)? _____

9. How many completed applications were received? _____

10. How many applicants were seriously considered beyond the preliminary screening? _____

How many applicants were interviewed? _____

11. Give names of applicants who declined an interview:

12. Give name, sex, and race and/or ethnic group (if known) of applicant selected for appointment:

13. Give name, sex, race and/or ethnic group, if known, of each candidate interviewed but not selected:

-White, Black, American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Hispanic

-For each candidate, check one or more boxes indicating areas in which the rejected applicant was less qualified.

-Please indicate if the candidate was offered the position but declined

A. Name, sex, race and/or ethnic group (if known): _____

Educational background	Relevant experience	Professional references
Required salary	Area of professional specialty	Other (specify)

B. Name, sex, race and/or ethnic group (if known): _____

Educational background	Relevant experience	Professional references
Required salary	Area of professional specialty	Other (specify)

C. Name, sex, race and/or ethnic group (if known): _____

Educational background	Relevant experience	Professional references
Required salary	Area of professional specialty	Other (specify)

D. Name, sex, race and/or ethnic group (if known): _____

Educational background	Relevant experience	Professional references
Required salary	Area of professional specialty	Other (specify)

14. How does this appointment affect your goals for women and minorities? _____

15. Identify search committee membership: Total number of members: _____

Total number of minority members: _____ Total number of women members: _____

SUBMITTED _____ Date _____
Search Committee Chair

APPROVED _____ Date _____
Department Chair (if required)

APPROVED _____ Date _____
Dean

APPROVED _____ Date _____
Affirmative Action / Equal Opportunity

APPROVED _____ Date _____
Provost