

Health Equity Recruitment & Career Advancement

Compensation Benefit Request Form

1. *Candidate's Given (First) Name

2. *Candidate's Family (Last) Name

3. *Candidate's credentials

4. *Position for which candidate is being considered

5. *Department this candidate will join

6. *Department Administrator Name

7. *Department Administrator E-mail

8. *Expected start date for candidate (MM/DD/YYYY)

9. *Is this a clinical department?
 Yes
 No

10. *Does this candidate identify with any of the following groups underrepresented in medicine, as defined by UMass Chan? (Choose all that apply)
 American Indian or Alaska Native

 Native Hawaiian or other Pacific Islander

 Black or African American

 Hispanic or Latino(a)

 None of the above

11. *Will the candidate have teaching responsibilities?
 Yes
 No

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****A mentor and mentoring plan is a requirement of this program.****

10. *Please provide the name of the proposed mentor

11. *Name of person to contact regarding this candidate

12. *Email of contact person

13. Phone number of contact person

*Required Fields Designated with Asterisk

Completed forms must be submitted to: UMassChanOHE@umassmed.edu

FOR OFFICE USE ONLY

Approved by *(Please sign and date below)*

Milagros C. Rosal, PhD
Vice Provost for Health Equity
Imoigele P. Aisiku, MD '97 Chair in Health Equity and Diversity

Date (MM/DD/YYYY)

Terence R. Flotte, M.D.
Celia and Isaac Haidak Professor
Dean, T.H. Chan School of Medicine
Provost and Executive Deputy Chancellor

Date (MM/DD/YYYY)

When Department Chair submits authorization to hire and offer letter to the Medical Group, a copy of this Signed Benefit Request Form must be attached.