

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? _____

11. Give names of applicants who declined an interview: _____

12. Give name, sex, and race or ethnic group of applicant selected for appointment: _____

13. Give name, sex and race or ethnic group (Caucasian, Black, American Indian/Alaskan Native, Asian/Pacific Islander, Hispanic) of each candidate interviewed but not selected. Check, for each candidate, 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 or ethnic group: _____

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

B. Name, sex, race or ethnic group: _____

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

C. Name, sex, race or ethnic group: _____

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

D. Name, sex, race or ethnic group: _____

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