

UAB UAHSF New Faculty Form

Form should be completed and emailed to PhysicianOnboarding@uabmc.edu

****PAF AND Copy of signed offer letter for each physician must be provided with this form**

		Dept./Division to Complete	
New Faculty Member Name			
Faculty Rank			
HSF/UAB Title, if different than Faculty Rank			
UAB Assignment (New Hire, Rehire, Transfer)			
Department			
Division			
Entity (UAB, HSF, Both)			
Physician Personal Email (best email to contact)			
Physician Phone Number (best phone number to contact)			
		Information Needed to Schedule Pre-Employment Health & HR Visit	
Department HR Contact			
For Drug Screening Purposes - Is Candidate a Current UAB Employee or Resident/Fellow (through the GME Office)? Yes or No			
Date (Provide dates, mark "N/A", or "to be scheduled")			
Dept. meetings/appointments to be scheduled (if dept. would like to schedule departmental meetings on date of pre-employment health/HR visit)			
Parking - what garage/lot will physician likely park?			
		Information Needed for I-9 Purposes	
		Yes	No
Is the Faculty Member legally authorized to work in the United States?			

Will the Faculty Member now or in the future require sponsorship for employment visa status (e.g., H-1B or other)?		
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***** Must provide completed form with PAF and copy of Signed Offer Letter**

