

FACULTY		
Proposed Effect. Date: 1st ONLY	Dept:	Division:
Faculty Name:		7 Digit Employee ID:
Current Address:		
Dept. Contact:		Email/Phone:

Select ALL the changes the Dept. needs to make for the faculty in Section I. Fill in the required details in Section II.

SECTION I: TYPE OF CHANGE			
<input type="checkbox"/> A. Admin Appointment / Stipend	<input type="checkbox"/> B. Change in Effort	<input type="checkbox"/> C. Change of Salary/Salary Information	
<input type="checkbox"/> D. Change in Track	<input type="checkbox"/> E. Change of Department	<input type="checkbox"/> F. Appointment Extension	
<input type="checkbox"/> G. Recall to Duty	<input type="checkbox"/> H. Provide Housing/Rental	<input type="checkbox"/> I. Retention	<input type="checkbox"/> J. Amendment/Other

SECTION II: CHANGE DETAILS

A. Admin. Appt. with and without Stipend: *(Must Give 90 Days' Notice for removal of appointment/stipend)*

Admin. Title: _____

- CHLA Admin Appointment Admin Appointment Paid through USC
- Administrative Appointment and Stipend **Removal** - 90 Day Notice: No YES Date: _____ Pay out: \$ _____
- Administrative Stipend Amount **Adjustment**

OR

- For New Appointment:
- New** Administrative Appointment Position OR
- Replacement for:** _____

A Stipend Removal request must be submitted for the faculty being replace.

- Offset** _____ % of time at an annual rate of \$ _____
- Admin. Appointment **with** Stipend: **Approximately** _____ % Stipend Effective Date: _____
- Admin. Appointment **without** Stipend: **Approximately** _____ %

Budget Source: Part of the Original Budget Request for Additional Funding

Type of Disbursement	PPGG/CA	CHLA/CHLMG	Amount Proposed
USC Admin. Stipend <i>(If applicable)</i>			
CHLA Admin Stipend			
CHLAMG Support			
Variable Compensation			
One-time payment <i>(If applicable & if USC compensation)</i>			

Provide the Following: Chair Letter, RFA adding the new title, POA (if changes), **REQUIRED: Specific Duties & Responsibilities Appendix**, and updated CV. Attached Funding details if applicable. *For Admin. Resignation, attach letter/memo from the faculty.*

B. Change in Effort: A Request for a Waiver is required for faculty to work outside of USC

- Increase** % EFFORT from _____ to _____ **Reminder:** Only FT faculty can receive housing assistance
- Decrease** % EFFORT from _____ to _____ (Below 100% FTE is PT. Current benchmark to keep FT title is 75%)
- Exempt** (In Category C, Go to Exempt and enter the salary information)
- Non-Exempt** (In Category C, Go to Non-Exempt and enter the Hourly rate and Amount Proposed)

Fixed term: Yes No

If Yes Fixed term, Enter:

Term **Start** Date: _____ Term **End** Date: _____

New Rank and Title: _____

Provide the Following: Chair Letter, RFA (if the title is changing), Updated CV, POA (if changes), and a faculty letter/email requesting the effort change. If the new effort is **less than 100%**, the faculty letter/email should include what they will be doing with the remainder of the time. **A waiver request is required if the faculty will be doing outside clinical work and where.**

CHANGE OF STATUS/ADMINISTRATIVE STIPEND FORM DETAILS, CONTINUED

C. Change of Salary/Salary Information: *See the Faculty Affairs Website for the most Current Minimum Salary*

Exempt:

Budget Source: Part of the Original Budget Request for Additional Funding

Type of Disbursement	PPGG/CA	CHLA/CHLAMG	Amount Proposed
Core (If applicable)			
CHLA Support MG			
Variable Compensation			
ANES-Variable Compensation			
Other			

Non-Exempt:

Budget Source: Part of the Original Budget Request for Additional Funding

Type of Disbursement	PPGG/CA	CHLA/CHLAMG	Hourly Rate	Amount Proposed
Core (If applicable)				
CHLA Support MG				
Variable Compensation				
ANES-Variable Compensation				
Other				

For **Change in Salary ONLY** Provide the Following: Chair Letter, Updated CV, and POA (if changes), and funding details if applicable

D. Change in Track: Enter the Salary and Account information in Category C.

New Track: Clinical Clinician Educator Practitioner Research

New Title: _____

Budget Source: Part of the Original Budget Request for Additional Funding

Provide the salary and/or the one-time payment below:

Type of Disbursement	PPGG/CA	CHLA/CHLAMG	Amount Proposed
Core (If applicable)			
CHLA Support MG			
Variable Compensation			
ANES-Variable Compensation			
Other			

Provide the Following: Chair Letter, RFA, Updated CV, and POA

E. Change of Department: Enter the Salary and Account information in Category C.

Old Dept: _____

New Dept: _____

NEW REQ No _____ OR

Full Supervisory Org. Name: _____

Enter the Salary Information in Category C: "Change of Salary/Salary Information" under the correct corresponding pay type; Exempt or Non-Exempt.

Provide the Following: Chair Letter, Faculty Vote, RFA, Updated CV, and POA

F. Appointment Extension: More than 1 extension is discouraged. An annual renewable contract is best if the services are valued and needed
 Enter the Salary Information in Category C: "Change of Salary/Salary Information" under the correct corresponding pay type; Exempt or Non-Exempt.

FIXED TERM APPOINTMENT EXTENSION CLINICAL FELLOW EXTENSION (Fixed term, NON-ACGME)

From Former End Date: _____

To New End Date: _____

Provide the Following: Chair Letter

CHANGE OF STATUS/ADMINISTRATIVE STIPEND FORM DETAILS, CONTINUED

G. Recall to Duty:

Part-Time with _____ % Effort (Must be 45% or below)

Budget Source: Part of the Original Budget Request for Additional Funding

Type of Disbursement	PPGG/CA	CHLA/CHLAMG	Amount Proposed
Core (If applicable)			
CHLA Support MG			
Variable Compensation			
ANES-Variable Compensation			
Other			

Rank and Title: _____

Full Supervisory Org. Name: _____

Provide the Following: Chair Letter, RFA, Update CV, POA

H. Provide Housing Subsidy **OR** **Rental** **NOTE: Only FT faculty are eligible for Housing Benefits**

Budget Source: Part of the Original Budget Request for Additional Funding

Number of Years	PPGG/CA	CHLA/CHLAMG	Amount

Provide the Following: Chair Letter, Update CV, POA (if changes)

I. Retention: Complete all applicable boxes above and provide additional notes or comments below. Attach an additional page if needed:

Provide the Following: Chair Letter, Update CV, POA (if changes), and any additional information regarding funding (optional).

J. Amendment/Other: Provide Amendment Detail. Attach an additional page if needed.

Attach the Chair letter and any supporting documents. Attach an additional page if needed. Contact KeckFA for questions.

Administrative Approvals: Signatures are required from the chair(s) or institute director of all entities that will provide fiscal resources or space for the position.

Chair of Primary Department Date

Division Chief Date

Chair of Secondary Department Date

Fellowship Program Director Date

Institute Director Date

Final Approval:

KSOM Director of Finance Date

Senior Associate Dean, Faculty Affairs Date