

**CHANGE OF STATUS and STIPEND FORM**

FACULTY		
Proposed Effect. Date:	Dept:	Division:
Faculty Name:		7 Digit Employee ID:
Dept. Contact:		Email/Phone:

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

SECTION I: TYPE OF REQUEST(S)			
<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: REQUEST DETAIL(S)**

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

**Admin. Title:** \_\_\_\_\_

Administrative Appointment and Stipend **Removal** - 90 Day Notice: No  YES  Date: \_\_\_\_\_ Pay out: \$ \_\_\_\_\_

Administrative Stipend Amount **Adjustment** (The stipend pay amount will be adjusted based on the CH memo and the funding listed below)

OR

For New Appointment: **Reporting to** \_\_\_\_\_

New Administrative Appointment Position **OR**

Replacement for: \_\_\_\_\_

Enter the name of the faculty being replaced. A Stipend Removal request must be submitted for the faculty being replaced

Offset \_\_\_\_\_ % of time at an annual rate of \$ \_\_\_\_\_ (Stipend Plan will NOT be added)

Admin. Appointment **with** Stipend: Approximately \_\_\_\_\_ % Stipend Effective Date: \_\_\_\_\_ (Stipend plan will be added)

Admin. Appointment **without** Stipend: Approximately \_\_\_\_\_ % (Stipend Plan will NOT be added)

Budget Source	Type of Disbursement	PPGG/CA	Amount Proposed
Part of the Original Budget <input type="checkbox"/>	Admin. Stipend <i>(if applicable)</i>		
	Admin. Stipend <i>(if applicable)</i>		
Request for Add. Funding <input type="checkbox"/>	One-time payment <i>(if applicable)</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:** Enter the Salary and Account information in Category C.

**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 select Exempt and enter the salary information)  **Non-Exempt** (In Category C select Non-Exempt and enter the Hourly rate and Amount Proposed)

Fixed term:  Yes  No

If Yes, Fixed-term: 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.

**C. Change of Salary/Salary Information:** See the Faculty Affairs Website for the Current Minimum Salary for Exempt FT & PT.

Select the type of Comp.  Exempt  Non-Exempt:

Budget Source	Type of Disbursement	PPGG/CA	Hourly Rate <i>If applicable</i>	Amount Proposed
Part of the Original Budget <input type="checkbox"/>	Core <i>(if applicable)</i>			
	Core/Other <i>(if applicable)</i>			
Request for Add. Funding <input type="checkbox"/>	One-time payment <i>(if applicable)</i>			

**For Change in Salary ONLY Provide the Following:** Chair Letter, Updated CV, and POA (if changes). Attached 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:** \_\_\_\_\_

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

**CHANGE OF STATUS/ADMINISTRATIVE STIPEND FORM DETAILS, CONTINUED****E. Change of Department/Division:** Enter the **Salary and Account information in Category C.**

Current: \_\_\_\_\_ Move To: \_\_\_\_\_

NEW REQ No \_\_\_\_\_ OR New Org: \_\_\_\_\_

**Provide the Following:** Chair Letter, Faculty Vote, RFA, Updated CV, and POA (if changes)**F. Appointment Extension:** Enter the **Salary and Account information in Category C.** **FIXED TERM APPOINTMENT EXTENSION** **CLINICAL FELLOW EXTENSION** (Fixed term, NON-ACGME)

From Former End Date: \_\_\_\_\_ To New End Date: \_\_\_\_\_

**Provide the Following:** Chair Letter. **More than one extension is discouraged. An annual renewable contract is best if services are valued and needed****G. Recall to Duty:**

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

Budget Source	Type of Disbursement	PPGG/CA	Amount Proposed
Part of the Original Budget <input type="checkbox"/>	Core (if applicable)		
	Core/Other (if applicable)		
Request for Add. Funding <input type="checkbox"/>	One-time payment (if applicable)		

**Rank and Title:** \_\_\_\_\_

Full Supervisory Org. Name: \_\_\_\_\_

**Provide the Following:** Chair Letter, RFA, Update CV, POA**H. Provide Housing Subsidy  or Rental Assistance**  **Reminder: Only FT faculty are eligible for Housing Benefits**

Budget Source	Number of Years	PPGG/CA	Amount Proposed
Part of the Original Budget <input type="checkbox"/>			
Request for Add. Funding <input type="checkbox"/>			

**Provide the Following:** Chair Letter and additional notes regarding the housing request can be attached. ONLY FT faculty are eligible for Housing.**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 and RFA (if changes), and any additional information regarding funding (optional).**J. Amendment/Other:** Enter the request below and the **Salary Information in Category C** (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