

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,

Reporting to _____

If Applicable, Replacement for: _____

If replacing a current admin, Write the Old Admin Title being replaced OR, **If replacing an admin faculty, Enter the name of the faculty being replaced.** A Stipend Removal request must be submitted for the faculty being replaced. Include a memo stepping down from the appointment if available.

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

Support	PPGG and CA/CHLA/CHLAMG	Amount Proposed
USC Admin. Stipend (If applicable)		
CHLAMG Support		
Non-Benefited Comp w/ Variable		
Non-Benefited Comp w/o Variable Amount		
Variable Compensation		
Variable Comp + Sign On		
ANES-Variable Compensation		
Surgery Variable Compensation		

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.*

CHANGE OF STATUS/ADMINISTRATIVE STIPEND FORM DETAILS, CONTINUED

B. Change in Effort: *A Request for a Waiver is required for faculty to work outside of USC. Waiver good for 1 year.*

- 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. The memo should include where the faculty will be working.**

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

Support	PPGG and CA/CHLA/CHLAMG	Amount Proposed
USC Core (if applicable)		
CHLAMG Support		
Non-Benefited Comp w/ Variable		
Non-Benefited Comp w/o Variable Amount		
Variable Compensation		
Variable Comp + Sign On		
ANES-Variable Compensation		
Surgery Variable Compensation		

Non-Exempt (Hourly): **Budget Source:** Part of the Original Budget Request for Additional Funding

Type of Disbursement	PPGG and CA	CHLA/CHLAMG	Hourly Rate	Amount Proposed
USC 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 to confirm salary amount.**

New Track: Clinical Clinician Educator Practitioner Research

New Title: _____

New Org: _____

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

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

Support	PPGG and CA/CHLA/CHLAMG	Amount Proposed
USC Core (if applicable)		
CHLAMG Support		
Non-Benefited Comp w/ Variable		
Non-Benefited Comp w/o Variable Amount		
Variable Compensation		
Variable Comp + Sign On		
ANES-Variable Compensation		
Surgery Variable Compensation		

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

CHANGE OF STATUS/ADMINISTRATIVE STIPEND FORM DETAILS, CONTINUED

E. Change of Division Only: Enter the Salary and Account information in **Category C** to confirm salary amount.

A change in Department Requires the faculty to apply to an open position to the new department and an FCR packet

Current Division: _____

New Division: _____

Full **New Supervisory Org.** Name: _____

Enter the Salary Information in **Category C: "Change of Salary/Salary Information"** under the correct corresponding pay type.

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.

FIXED TERM APPOINTMENT EXTENSION

CLINICAL FELLOW EXTENSION (Fixed term, NON-ACGME)

From **Former** End Date: _____

To **New** End Date: _____

Provide the Following: Chair Letter

G. Recall to Duty:

Part-Time with _____ % Effort (Must be 45% or below) **REQ No.** _____

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

Rank and Title: _____

Full Supervisory Org. Name: _____

Support	PPGG and CA/CHLA/CHLAMG	Amount Proposed
USC Core (if applicable)		
CHLAMG Support		
Non-Benefited Comp w/ Variable		
Non-Benefited Comp w/o Variable Amount		
Variable Compensation		
Variable Comp + Sign On		
ANES-Variable Compensation		
Surgery Variable Compensation		

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 and 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:

Enter the Salary Information in **Category C: "Change of Salary/Salary Information"** under the correct corresponding pay type

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

CHANGE OF STATUS/ADMINISTRATIVE STIPEND FORM DETAILS, CONTINUED

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

Attach the Chair letter and any supporting documents. Attach an additional page if needed. Contact KeckFA for questions. **Enter the Salary Information in Category C: "Change of Salary/Salary Information"** under the correct corresponding pay type; Exempt or Non-Exempt.

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**

Faculty Affairs, Advancement, and Inclusion **Date**