

FACULTY		
Proposed Effect. Date: <b>1<sup>st</sup> ONLY</b>	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 Division	<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
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**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
<b>USC Admin. Stipend (If applicable)</b>		
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
<b>USC Core (if applicable)</b>		
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
<b>USC Core (if applicable)</b>				
<b>CHLA Support MG</b>				
<b>Variable Compensation</b>				
<b>ANES-Variable Compensation</b>				
<b>Other</b>				

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
<b>USC Core (if applicable)</b>		
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
<b>USC Core (if applicable)</b>		
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.

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**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**