

CHANGE OF STATUS and STIPEND FORM

| FACULTY | | | |
|------------------------|----------------|-------|----------------------|
| Proposed Effect. Date: | 1st or 16th | 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 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: 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

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 \$ _____ *(Stipend Plan will NOT be added)*

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

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

| Budget Source | Type of Disbursement | PPGG and CA | Annual 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)

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 and CA | Hourly Rate <i>If applicable</i> | Annual 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 Division: Enter the **Salary and Account information in Category C.**

Current: _____ Move To: _____

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: Posting waiver and new REQ No. Required

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

| Budget Source | Type of Disbursement | PPGG and 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**

Downpayment Housing Subsidy is generally unavailable unless a Pre-Approved Exception is granted.

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

Provide the Following: Chair Letter with details on the type of housing. Additional notes regarding the housing request can be attached.

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 Memo 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

Vice Dean Faculty Affairs, Advancement, and Inclusion Date