

FACULTY CONTRACT REQUEST

To be used for new contracts and changes in contract status (FTE or Salary Amounts)

Banner ID:

Please check one: CON

**COP**

**COPH**

**HSLIC**

Faculty Member

***First MI Last (MD, PhD, etc) SSN\* DOB\****

***\*Only required if new to UNM***

***Department Name Org Code Subspecialty Official Division Name***

Starting Date of employment/contract change Rank

Administrative Title (A) Administrative Title (B)

**(No dollar amount attached) (Must have dollar amount below)**

Proposed FTE Status (check one)

Full-time

Part-time (0. ) CON Contract year  of

**(Attach waiver)**

Type of Appointment (check one)

Flex

Clinician Educator

Probationary

**(with a probationary period of**  **years)**

Non-Probationary

Research

Visiting/Temporary

SOM FTE EFFORT (Not %)

SALARY INFORMATION Full Time Salary Part Time Salary

**(Required if PT) Clinical:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Base Component**  **Performance Supplement** |  |  | **UNM**  **VA** |  |
| **Clinical** |  |  | **CRTC** |  |
| **Education** |  |  | **Non RVU** |  |
| **Research A** |  |  | **Total Clinical** |  |
| **Research B** |  |  | **Education** |  |
| **Administration A** |  |  | **Research** |  |
| **Administration B** |  |  | **Administration** |  |
| **VA Salary** |  |  | **SRMC** |  |
|  |  |  | **Total Effort** |  |

***(Must equal proposed FTE above)***

TOTAL CONTRACT SALARY

**(FT) (PT)**

Effective Date

**PURPOSE: Please state exact purpose of this contract request or revision request (i.e., new hire, change FTE, title, etc.)**

Department College/School Dean or

Chair Executive Director

**Date Executive Vice/ Date**

HSC FCO Vice President

**Date Date**

**Form Revised 02/17/2022 – HSC FCO**