



FACULTY CONTRACT REQUEST

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

Banner ID: _____ Please check one: SOM COP CON Date: _____

Name and Degree of 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._____)
(Attach waiver)

Type of Appointment (check one) Flex Clinician Educator Probationary
(with a probationary period of ____ years)

Non-Probationary Research Visiting/Temporary

SALARY INFORMATION

Full Time Salary
(Required if PT)

Part Time Salary

SOM FTE EFFORT (Not %)

Clinical:

Table with columns for Base Component, Performance Supplement, Clinical, Education, Research A, Research B, Administration A, Administration B, VA Salary, UNM, VA, CRTC, Non RVU, Total Clinical, Education, Research, Administration, 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.)

Empty box for purpose statement

Department Chair _____ Date _____ College/School Dean _____ Date _____
SOM OAA/HSC FCO _____ Date _____ Dean of Academic Affairs _____ Date _____