



**FACULTY CONTRACT REQUEST**

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

Banner ID: \_\_\_\_\_ Please check one: CON  COPH   
 COP  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.\_\_\_\_\_) (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:	
Base Component	_____	_____	UNM	_____
Performance Supplement	_____	_____	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 Chair \_\_\_\_\_ Date \_\_\_\_\_ College/School Dean or Executive Director \_\_\_\_\_ Date \_\_\_\_\_  
 HSC FCO \_\_\_\_\_ Date \_\_\_\_\_ Executive Vice or Vice Chancellor \_\_\_\_\_ Date \_\_\_\_\_