

**THE UNIVERSITY OF NEW MEXICO  
SCHOOL OF MEDICINE  
PART-TIME FACULTY WAIVER REQUEST**

Faculty Member \_\_\_\_\_ Banner ID \_\_\_\_\_

New Hire  Yes  No

If "yes," Date of Hire \_\_\_\_\_

Rank \_\_\_\_\_ Track \_\_\_\_\_  
(Tenure, Clinician Educator, Flex, etc.)

Department \_\_\_\_\_ Division \_\_\_\_\_

Proposed FTE \_\_\_\_\_ Current FTE \_\_\_\_\_

Proposed part-time start date \_\_\_\_\_

Proposed part-time end date (if part-time status will be temporary) \_\_\_\_\_

Reason(s) for part-time status request:

Family commitments  Personal reasons  Other (please explain below)

\_\_\_\_\_ I will not be in competition with UNM  
(Faculty Initials)

**I have been made aware that the proposed change in FTE may impact my benefits and I have been referred to the respective University Business Policies (Employee Classification, UBP 3200; Leave Policies, UBP 3400-3440; Benefits Policies, UBP 3600-3650; Tuition Remission Program UBP 3700) and advised to discuss any other questions with the Human Resources Benefits Office.** \_\_\_\_\_

**UNM Business Policies can be found at: <http://www.unm.edu/~ubppm/>**

(Faculty Initials)

Signature below signifies approval:

Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Division Chief \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean SOM \_\_\_\_\_ Date \_\_\_\_\_

Comments: