



HSC FCO FACULTY CONTRACT REQUEST

To be used for new contracts and changes in contract

Banner ID: _____ College/HSLIC: Select

Faculty Name _____
First Last (MD, PhD, etc) SSN* DOB*
*Only required if new to UNM

Org Code _____

Start Date of employment or 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. _____)

Type of Appointment (select): Select

CONTRACT SALARY	Full Time Salary (Required if PT)	Part Time Salary	FTE EFFORT
Clinical	_____	_____	Clinical _____
Education	_____	_____	Education _____
Research	_____	_____	Research _____
Administration A	_____	_____	Administration _____
Administration B	_____	_____	VA _____
VA Salary	_____	_____	Total Effort _____

TOTAL CONTRACT SALARY _____ (FT) _____ (PT) Effective Date _____

INCENTIVE: Clinical _____
Education _____
Research _____
Administration _____

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

Department _____
Chair _____ Date _____ Dean _____ Date _____

HSC FCO _____ Date _____ Associate Vice President _____ Date _____