

**SCHOOL OF MEDICINE
REQUEST OF INTENT
TO RENEW OR ALTER FACULTY CONTRACT**

RENEW Compensation Agreement
 ADDENDUM to alter Salary Only

ADDENDUM to alter Salary and Effort
 ADDENDUM to alter Effort Only

I. General Information

Name: _____ Degree(s): _____

Address: _____

SS#: _____ Home Phone: _____

%FTE: _____ Department: _____ Specialty: _____

Academic Rank/Title: _____

Non-Tenure Track Tenure Track Tenured

Year of Initial Appointment: _____

II. Proposed Terms

Begins: _____ **Ends:** _____ **Total # of Years:** _____

III. Proposed Compensation and Efforts

Salary Components	\$ Amount
Academic Base Salary:	_____
Administrative Supplement:	_____
Other (Please explain):	_____
Total Annual Compensation:	_____

IV. Proposed Efforts

Efforts	%FTE
Teaching:	_____
Clinical:	_____
Administrative/Other:	_____
Academic Service:	_____
Research:	_____
Total %FTE:	_____

Comments:

Date

Date

Date

This document does not replace or serve as the Faculty Compensation Agreement nor does it serve as a legally binding document.