

This form will be returned if any required section is incomplete. Note: FRC forms must be completed and approved prior to informal/formal offers of appointment change

FRC Requests <ul style="list-style-type: none"> Effective date of changes will be June 28, 2026. Should not include merit increase or any merit based justifications (merit only awarded through University's merit program) Should follow applicable Human Resources Compensation Guidelines 	FRC approvals are not required for <ul style="list-style-type: none"> Promotion or tenure appointment changes approved by the Board of Regents, unless the salary increase is over the standard amount (\$8,000 to professor, \$5,000 to associate professor) Faculty award appointment changes approved by the Board of Regents, unless there is an additional salary increase over the award amount.
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FRC Effective Date: 6/28/26	<input type="checkbox"/> HC – OKC <input type="checkbox"/> HC - Tulsa	Select College Name
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Section 1: Transaction Type - Select a type and complete 1a below

Salary Modification (select one of the following)	Increase	Decrease	Admin Supplement Added
Appointment Type Change	Faculty Title Change		Faculty Title Change - Admin Title Added
FTE Change at Same Salary Rate	FTE Change with Salary Mod		Faculty Title Change - Admin Title Deleted
Reclass			Faculty Title Change - Admin Title Promotion
1a - Faculty Name:			Employee ID:

Section 2: Why is this Modification Needed (For * items, provide details in section 7 - Justification)

New Responsibilities	Reduced Responsibilities	New Department/Program*	Department/Program Growth*
Comp Plan Change	Retention Increase	Counter Offer	Effort Change/Shift
Promotion/Tenure	Appt Type Change	Market Rate / Equity Adjustment (must include support)	
Benchmark Rate Change (must include new benchmark report)			
Other/Additional Explanation:			

Section 3: Academic Department and Return Information

Academic Department:	Section/Division (if applicable):
Secondary/Joint Department (if applicable):	Section/Division (if applicable):
Center Membership (if applicable): <input type="checkbox"/> Stephenson Cancer Center <input type="checkbox"/> Harold Hamm Diabetes Center	
Preparer Name:	

Section 4: Position Information (include admin title if applicable) - If no changes to a category, check no change box

Current Academic Title:	
<input type="checkbox"/> No change	<input type="checkbox"/> Proposed Academic Titles:
Current Administrative Title(s):	
<input type="checkbox"/> No change	<input type="checkbox"/> Proposed Administrative Title:
Endowed Title(s):	<input type="checkbox"/> Check if new
Current Appointment Type: Select Appointment Type	
<input type="checkbox"/> No change	<input type="checkbox"/> Proposed Appointment Type: Select Appointment Type
Current OUHC FTE:	OU Health FTE (if dual employee/appointee):
<input type="checkbox"/> No change <input type="checkbox"/> Proposed OUHC FTE:	OU Health FTE (if dual employee/appointee):
FTE at another Health Center entity:	OMRF FTE: VA FTE: OU Health FTE (if concurrent visa):

Section 5: Salary and Funding Plan (Completed by the hiring department in consultation with financial personnel)

Status of this action's funding (check all that apply):	
Funding currently in department accounts	Provost's Office Support (include approval support documentation)
New funding accounts being established	Dual Appointment – No Salary/Funding (skip 5a)
Other source. Explain and include support documentation:	

Section 5a: Describe the funding plan for this position action.

%FTE	HC ORG #	Source of Funding	Source Support/ Details	Role
Current Salary: \$	Base(x): \$	Dept(x2): \$	Administrative (y): \$	
Proposed Salary: \$	Base(x): \$	Dept(x2): \$	Administrative (y): \$	
<input type="checkbox"/> No Change to OUHC Salary	Change in Salary: \$		<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease

Note: If ePAF doesn't match approved FAR, a new Faculty Action Request Form will be required.

PRV Use Only: ePAF #:	ePAF Effective Date:	<input type="checkbox"/> Regents Agenda Item
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Section 6: Other Details (complete as applicable based on the request):

Section 6a: Salary Determination & Justification – Complete if salary is being modified

Salary was determined using benchmark/salary survey rate: Yes (go to next 6a question) No (skip to 6b)
What was used? Approved college compensation plan Professional /National salary survey or benchmarking: Select Salary Survey
Specialty/Program used for survey: Click or tap here to enter text.
Salary Survey/Benchmarking Level: Select Level Detail

Section 6b: Salary Justification – Complete if applicable based on 6a responses

Salary justification: Provide details of how the salary rate was calculated. (If applicable, include formula for determining increase.) If the salary is above or under benchmarking/salary survey, provide justification for the selected percentile/salary; address equity in the justification and include equity report.

Section 6c: FTE – Required for all modifications

Proposed FTE: (check box and list percentage of time to be spent on each:
 Clinical FTE _____ ART FTE _____ (Admin/Service _____ Research _____ Teaching _____)

Section 6d: Previous Increase (if applicable)

Has an increase been given within the current or previous fiscal year that was beyond a standard merit increase? No Yes
If yes, and the reason was *not* an FTE change or the addition of an administrative role, please select the reason below:
 Retention Equity Promotion Faculty Award Other: _____

Section 6e: If administrative title being added, complete this section

New Admin Role UME Admin Role GME Admin Role
 Stepping into an existing admin role (complete below with previous holder’s information – not needed for GME or COM UME roles)
Name: _____ Years in role: _____ Admin Supplement: \$ _____
How was the admin component of pay determined: _____
 Check box if admin component of pay is determined based on benchmark/comp plan and include support documentation to support

Section 7: Justification & Additional Details. *Must not include any merit-based justifications. Explain why the modification is needed and how the modification will be used to further the strategic plan. Use an additional page if needed (list “see additional information” in this section).*

Section 8: Applicable to COM/SOCM only - COM Dean’s office requirements

Proposed Pathway: Select a Pathway
Benchmark Calculation: Click or tap here to enter text. Business Manager Approval:
Check if “OOF” employee and complete: OTRS Visa Actual OUH Effort: _____ Actual OUHC Effort: _____

Section 9: Required Documents – Attach to this form (check to confirm included)

Equity Report, if not following benchmark/salary survey at median Draft faculty change memo or COM comp/effort
 ORG Chart, needed only if a new admin role or department position is being created Signed MOU for Center-shared faculty

Section 10: Approvals - By signing, you have reviewed, verified, and approve the information in this request

Verified and Approved By:	Print Name	Signature	Date
Admin/Finance Dean			
Academic Department Chair			
Secondary/Joint Department Chair (if applicable)			
Center Director or other college/dept needed signature (if applicable - list title)			
Academic Dean			
Secondary/Joint Dean (if applicable)			
Provost’s Office	Senior Vice President and Provost Dr. Gary Raskob		

For PRV Use Only:

PRV faculty affairs has checked and benchmark matches