

Faculty Action Request Form - For Positions

PRV Use Only: ePAF #: ePAF Effective Date : ☐ Regents Agenda Item

This form will be returned if any required section is incomplete. Attach additional pages as needed. Note: FAR forms must be completed and approved prior to informal/formal offers of positions

Requested Start Date: ☐ HSC – OKC ☐ HSC - Tulsa

Section 1: Transaction Type - Note: New and Vacant Position FAR forms must be completed and approved prior to posting the position

Type:

1a - Previous Incumbent: Separation Date:

Section 2: Why is this position vacant or being created

- ☐ Retirement ☐ Resignation ☐ Termination ☐ Promotion/Transfer of Incumbent ☐ Program Growth (provide details)
☐ Long Vacancy (provide details in justification) ☐ New Department/Program (provide details in justification)
☐ COM Specific – Dual Appointment
☐ Other/Additional Explanation:

Section 3: Academic department and preparer Information (The form will be returned to the preparer listed and the FAAB Liaison)

Academic Department: Section (if applicable):

Secondary/Joint Department (if applicable): Section (if applicable):

Center Membership (if applicable - check): ☐ Stephenson Cancer Center ☐ Harold Hamm Diabetes Center

Preparer Name:

Section 4: Position Information (include admin title if applicable)

Current Academic Title:

☐ No change or Proposed Academic Title:

Current Admin Title(s):

☐ No Change or Proposed Admin Title(s):

Endowed Title(s): ☐ Check if new

Appointment Type:

OUHSC FTE: Complete if this a dual employee - ☐ Check Box if COM/OUH Dual Appointment
OU Health FTE: (Do not need to complete other boxes)

Position Number (if known): Interfolio ID (if known)

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

What is the status of this action's funding? (Check all that apply)
Funding currently in department accounts Provost's Office Support (must include approval support documentation)
New funding accounts being established Dual Appointment – No Salary/Funding (do not need to complete 5a)
Other source. Include support documentation and explain:

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

%FTE	HSC ORG #	Source of Funding	Source Support/ Details	Role
Current Salary: \$	Base(x): \$	Dept(x2): \$	Admin (y): \$	
Proposed Salary: \$	Base(x): \$	Dept(x2): \$	Admin (y): \$	
No Change to OUHSC Salary	Anticipated Clinical Salary if applicable (z):\$	<input type="checkbox"/> OUHSC	<input type="checkbox"/> OU Health	

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

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 questions) ☐ No (skip to 6b)

What was used? ☐ Approved college compensation plan ☐ Professional org./National salary survey:
Specialty/Program used for survey:

Salary Survey/Benchmarking Level:

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

Salary justification: *Provide details of how salary was calculated. (If applicable, include formula for determining increase.) If the salary was 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 – if known at time of proposal

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

Section 6d: If administrative title being included, complete this section

☐ New Admin Role ☐ UME Admin Role ☐ GME Admin Role

☐ Fills 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. *Dean's/VP's detailed explanation of continued need and how position will be used to further the strategic plan. Include details of the consequences of holding this request for processing until the next Faculty Review Cycle. 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:

Benchmark Calculation:

Business Manager Approval:

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

☐ Equity Report, if applicable (not needed if following benchmark/salary survey at median) ☐ CV if candidate known (*prior approval/OUH hire*)

☐ ORG Chart, if applicable; only needed if a new admin roles or department position is being created

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

Approvals	Print Name	Signature	Date
Hiring Manager or 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 benchmarked rate matches