Faculty Action Request Form - For Positions

The University of OKLAHOMA | HEALTH CAMPUS

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

Requested Start Date: ☐ HC – OKC ☐ HC - Tulsa | Select College Name

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

Type: Select Transaction Type

1a - Previous Incumbent: | Separation Date:

Section 2: Why is this position vacant or being created (For * items, provide details in section 7 - Justification)

☐ Retirement   ☐ Termination   ☐ Promotion/Transfer of Incumbent   ☐ COM Dual Appointment

☐ Resignation   ☐ Program Growth*   ☐ New Department/Program*   ☐ Long Vacancy*

☐ 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)*: ☐ Stephenson Cancer Center   ☐ Harold Hamm Diabetes Center

Return to:

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

Current Academic Title:

☐ No change   ☐ Proposed Academic Title:

Current Administrative Title(s):

☐ No Change   ☐ Proposed Administrative Title(s):

Appointment Type: Select Appointment Type

OUHC FTE: | ☐ Check Box if COM/OUH Dual Appointment | If COM/OUH dual employee, add OU Health FTE:

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

Section 5: Salary and Funding Plan

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:

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): $

☐ No Change to OUHC Salary | Anticipated Clinical Salary *if applicable* (z):$

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

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

Section 6: Other Details (complete as applicable based on the request):

Section 6a: Salary Determination & Justification

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 – 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 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: Select Pathway

Benchmark Calculation: Business Manager Approval:

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

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

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

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			

For PRV Use Only:

☐ PRV faculty affairs has checked and benchmark matches