

# Faculty Action Request Form - For Modifications

**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 appointment change*

Requested Effective Date: \_\_\_\_\_ ☐ HSC – OKC ☐ HSC - Tulsa

## 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 (justification should support reason checked)

☐ New Responsibilities    ☐ Reduced Responsibilities    ☐ New Dept/Program    ☐ Dept/Program Growth    ☐ Promotion/Tenure  
☐ Comp Plan Change    ☐ Retention Increase    ☐ Counter Offer    ☐ Effort Change/Shift    ☐ Appt Type Change  
 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) - If no changes to a category, leave proposed sections blank

Current Academic Title: \_\_\_\_\_ Proposed Academic Titles: \_\_\_\_\_

Current Admin Title(s): \_\_\_\_\_

Proposed Admin Title(s): \_\_\_\_\_

Endowed Title(s): \_\_\_\_\_ ☐ Check if new

Current Appointment Type: \_\_\_\_\_

Proposed Appointment Type: \_\_\_\_\_

Current OUHSC FTE: \_\_\_\_\_ Complete if this a dual employee/appointee: OU Health FTE: \_\_\_\_\_

Proposed OUHSC FTE: \_\_\_\_\_ Complete if this a dual employee/appointee: OU Health FTE: \_\_\_\_\_

FTE at another Healthplex entity: \_\_\_\_\_ DMEI FTE: \_\_\_\_\_ OMRF FTE: \_\_\_\_\_ VA FTE: \_\_\_\_\_ OU Health FTE: \_\_\_\_\_

## 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. Explain and include support documentation: \_\_\_\_\_

### 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	Change in Salary: \$	<input type="radio"/> Increase	<input type="radio"/> Decrease	
Anticipated Clinical Salary if applicable (z): \$		<input type="radio"/> OUHSC	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 – 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:  
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)    ☐ Draft faculty change memo or COM comp/effort  
☐ ORG Chart, if applicable only needed if a new admin role or department position is being created    ☐ Signed MOU for center supported faculty

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