Faculty Action Request Form - For Modifications

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 appointment change

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

Section 1: Transaction Type - Select a type and complete 1a below

Salary Modification (select one of the following) ☐ Increase ☐ Decrease ☐ No Change

☐ Appointment Type Change	☐ Faculty Title Change	☐ Admin Title/Supplement Added
☐ FTE Change at Same Salary Rate	☐ FTE Change with Salary Mod	☐ Admin Title/Supplement Deleted
☐ Reclass		☐ Admin Title/Supplement Modification

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

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)*:

Shared Faculty Center Membership *(if applicable)*: ☐ Stephenson Cancer Center ☐ Harold Hamm Diabetes Center

Return to:

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

Current Academic Title:

☐ No change ☐ Proposed Academic Title:

Current Administrative Title(s):

☐ No change ☐ Proposed Administrative Title(s) Removed:

☐ No change ☐ Proposed Administrative Title(s) Added:

Endowed Title(s): ☐ Check if new

Current Appointment Type: Select Appointment Type

☐ No change ☐ Proposed Appointment Type: Select Appointment Type

Current OUHC FTE:	OU Health FTE (if dual employee/appointee):
☐ No change ☐ 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.

Funding %	HC ORG #	Source of Funding	Source Support/ Details	Role (if applicable)

Current Salary: $ Base(x): $ Dept(x2): $ Administrative (y): $

Proposed Salary: $ Base(x): $ Dept(x2): $ Administrative (y): $

☐ No Change to OUHC Salary | Change in Salary: $ ◯ Increase ◯ 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 : ☐ Regents Agenda Item

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:

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

☐ Check box if admin component of pay is determined based on benchmark/comp plan (Skip to Section 7)

☐ 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: _____

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. Do not include salary justifications (should be in 6b). 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: Business Manager Approval:

☐ Check if "OOF" employee and complete: ☐ OTRS ☐ Visa Actual OUH Effort:___ Actual OUHC Effort: ____

Section 9: Existing Agreements & Related Documentation

Does the faculty member have any active, existing, or secondary appointments, agreements, or related arrangements listed here? ☐ No *(proceed to section 10)*

☐ Yes *(check all that apply below and attach an updated/executed copy to this request)*

☐ Nepotism Waiver ☐ Joint Appointment ☐ Secondary Appointment ☐ Center-Shared Faculty MOU ☐ Affiliate Agreement (VA, OMRF) ☐ OIS Approval

☐ Other: _____

Section 10: 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 ☐ Section 9 related documents, if applicable

Section 11: 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			