The University of Oklahoma | HEALTH CAMPUS Faculty Action Request Form - For Positions

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 Select a 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)*:

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:

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:	Interfolio ID (*if known*)	☐ Check Box if Search Firm Planned/Hired

Section 5: Salary and Funding Plan

Status of this action's funding (check all that apply):

☐ Funding currently in department accounts
☐ New funding accounts being established
☐ Other source. Explain:
☐ Provost's Office Support (include approval support documentation)
☐ Dual Appointment – No Salary/Funding (skip 5a)

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	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:

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. 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:

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