

## Request to Renew or Modify a Compensated Faculty Appointment

This form is used to request approval to renew or modify an existing compensated faculty appointment. Authorization from the Dean is required. This form must be submitted to the Dean with all appropriate signatures at least four weeks in advance of the current appointment end date or the requested effective date of the appointment modification.

**Instructions:** Upon the completion of this form, submit electronically to COM Finance ([comfinance@health.fau.edu](mailto:comfinance@health.fau.edu)) for verification of funds. Following COM Finance's review and signature, the form should be submitted directly to the Dean for review and approval, copying [comdeansoffice@health.fau.edu](mailto:comdeansoffice@health.fau.edu).

**Today's Date:**

**Incumbent Name:**

**Department/Unit:**

**Position Number:**

**Rank:**

**Current Business (Working) Title:**

**Current Total Salary:**

**Current Administrative Supplement (if applicable):**

**Current FTE:**

**Requested Start Date:**

**Requested End Date (should end on June 30<sup>th</sup> unless funding expires before that date):**

**Primary Location:**

**Direct Supervisor (if other than the Chair):**

**Department Contact:**

**1. What is the purpose of this request?**

Renew an appointment with no modification - **proceed to number 3**

Renew an appointment with modification(s) - **proceed to number 2**

Modify an existing appointment not up for renewal - **proceed to number 2**

**2. What modification(s) are requested? *If the position has benefits, and changes are requested to salary or FTE, a new offer letter is required by the Provost's Office.***

Proposed change in FTE:

*(Note: a search may be required if the current position is less than .5 FTE with benefits, not grant funded and the original position was exempt from the search process)*

Proposed change in total salary:

Proposed change in administrative supplement (if applicable):

Proposed change in business (working) title:

Other proposed change:

**3. Is the requested appointment renewal or modification already budgeted? Check off one box. COM Finance Comments:**

Yes, the renewal or modification is already budgeted.

No, the renewal or modification is not budgeted. Please indicate the amount requested:

**4. Please indicate funding source(s). Check off all that apply. COM Finance Comments:**

Department budget - already budgeted      Amount: \$                                      TAG:

Department reserves                                      Amount: \$                                      TAG:  
Please explain:

College budget – already budgeted                      Amount: \$                                      TAG:

College reserves                                      Amount: \$                                      TAG:  
Please explain:

Pillar/Platform budget                                      Amount: \$                                      TAG:  
Please explain:

Division of Research                                      Amount: \$                                      TAG:

Grant Funds                                      Amount: \$                                      TAG:

Other Funds                                      Amount: \$                                      TAG:  
Please explain:

Additional funds are being requested.                      Amount: \$                                      TAG:  
Please explain:

5. Please provide the justification for the requested appointment renewal and/or modification (REQUIRED):

6. What type of appointment is requested? Check off one box.

Regular faculty (teaching, research/scholarship and service)

Clinical faculty (primarily clinical practice)

Research faculty (primarily research)

Visiting faculty

Research Associate (primarily research)

OPS/PSA affiliate - GME or UME

OPS - (no fringe benefits but may qualify for health benefits based on FTE)

Hospital Dean (Associate Dean for Academic Affairs)

7. Does this position have benefits? Check off one box.

Yes

No

8. Are there any immigration issues that need to be addressed? If yes, please provide the type of visa being requested.

9. Is this position designated as Essential Personnel? [http://www.fau.edu/hr/files/Essential\\_Personnel\\_Policy.pdf](http://www.fau.edu/hr/files/Essential_Personnel_Policy.pdf)

Yes

No

10. Indicate the expected percentage of effort in each area (teaching, research, service, clinical service, administration) in each unit.

Department Name

Pillar Name

Teaching

Teaching

Research

Research

Service

Service

Clinical Service

Clinical Service

Administration

Administration

**Please complete this section for Joint Hires only**

11. Which Departments/Colleges/Pillars/Platforms support this joint-hire?

12. List and explain any terms/conditions which have changed since the initial hire:

*Formal understanding of the process or terms of the agreement if faculty request to no longer be in joint position and asks to be assigned to only one unit rather than how originally hired:*

*Formal understanding of the long-term financial resource responsibilities should the faculty member leave the Pillar:*

*Formal understanding of any additional long-term resource responsibilities (other than financial) should the faculty member leave the Pillar:*

*Formal understanding of the terms if the faculty member is granted tenure upon appointment or achieves tenure later on (noting that the flow of support may be constrained if the faculty member is out-of-unit):*

*Other terms/conditions which may have changed:*

\_\_\_\_\_  
College Finance Rep and Brain Institute Adm. Director (if applicable) - Verification of funds and appointment end date (if grant-funded or time-limited) Comments: \_\_\_\_\_  
Date

\_\_\_\_\_  
Brain Institute Adm. Director (if applicable) - Verification of funds and appointment end date (if grant-funded or time-limited). Comments: \_\_\_\_\_  
Date

\_\_\_\_\_  
Chair/Director – Home Unit \_\_\_\_\_  
Date

\_\_\_\_\_  
Chair/Director – Participating Unit (if joint-hire) \_\_\_\_\_  
Date

\_\_\_\_\_  
Pillar Director (if applicable) \_\_\_\_\_  
Date

\_\_\_\_\_  
VP for Research (if pillar hire with financial commitment from the DOR) \_\_\_\_\_  
Date

**After COM Finance has verified funds and all above applicable signatures are obtained (email approvals are accepted in lieu of signatures), please email an electronic copy of the request to the Dean, copying the Associate Dean for Faculty Affairs, [comdeansoffice@health.fau.edu](mailto:comdeansoffice@health.fau.edu) and pertinent COM leadership, i.e., SAD for Research, SAD for Medical Education, etc.**

\_\_\_\_\_  
Dean/Designee \_\_\_\_\_  
Date