FY18 Faculty Compensation and Workload

FACULTY MEMBER:

ACADEMIC RANK: **Select rank**

TENURE STATUS: **Select tenure status**

DEPARTMENT: **Select department**

ACADEMIC SCHOOL: **Select school**

CONTRACT TYPE:  **Non-Clinical**   **Clinical**

MAJOR RESPONSIBILITIES:  **Teaching/Training**  **Research**  **Clinical**

**Service**  **Administration**

COMMENCEMENT DATE:

CONTRACT END DATE: **August 31, 2018**

|  |  |  |
| --- | --- | --- |
|  | **FTE Allocation** |  |
| Teaching and Educational Training: |  |  |
|  |  |  |
| Research: |  |  |
|  |  |  |
| Clinical (Designated): |  |  |
|  |  |  |
| Service: |  |  |
|  |  |  |
| Administration: |  |  |
|  |  |  |
| **TOTAL FTE** | **0.00** |  |
| **TOTAL ANNUAL SALARY** |  | **$** |

UNTHSC and Faculty Member will sign a revised form if significant changes occur during the fiscal year. This document supplements the faculty appointment contract between UNTHSC and Faculty Member.

Faculty Name:

Date: \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_

Department Chair

Dept of  **department**

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean

School/College of **Select school**

Date:

\_\_\_\_\_

Eric Beck, DO, MPH, FACEP

Chief Medical Officer/President for UNTHealth

Date: