

University of Colorado Denver School of Medicine
Faculty Recommendation Form
Instructions
(Revised 9/9/2009)

1	Contact Name	Person to contact for questions and retrieval of paperwork.
2	Contact Phone	Phone # of contact person.
2	Position #	Peoplesoft Position #
3	Posting #	Peoplesoft Job Posting # (replaces Requisition #)
4	Today's Date	Date form was completed.
5	Name	Faculty member's first, last, middle initial and primary degree.
6	Campus Box #	Campus box number
7	Office Phone	Office phone number
8	Employee ID# (or POI#)	Employee ID#, if paid by Univ, or POI#, if not paid by Univ.
9	Office Address	Office address, if off campus.
10	Email	Primary and secondary email addresses. ➤ Indicate N/A if no email address is available.
11	Home Address	Home address
12	Home Phone	Home phone number
13	DOB	Date of birth
14	Gender	Gender
15	Citizenship	Indicate whether faculty member is US citizen.
16	Degrees Attained	Indicate all degrees that have been attained by faculty member.
17	Race/Ethnicity	Indicate which identifier best describes faculty member.
18	Primary Department	Indicate primary department or outside School/Campus.
19	Secondary Department	Indicate secondary department, if applicable.
20	Division/Section	Indicate Division or Section, if applicable.
21	Center/Institute	Indicate Center or Institute, if applicable
22	Effective Date of Action	Date the requested action will begin, if approved.
23	Ending Date of Action (If applicable)	Date the requested action will end, if approved. ➤ Actions which require ending dates are: limited appointments, sabbaticals, leave of absences.
24	Requested Action(s)	Indicate which action is being requested by this FRF. <ul style="list-style-type: none"> • New Appointment (primary or secondary) • Reappointment (primary or secondary) • Promotion • Tenure Award (choose if Award of Tenure it being proposed.) • Termination (choose reason from drop-down list). If faculty member is resigning, answer 3 questions below termination reason drop-down box. • Regular to Clinical • Clinical to Regular • Administrative change (choose if administrative appointment is being proposed or ending.) • Salary adjustment (Note: Salary increase request must be accompanied by salary increase justification as indicated in Fiscal Rules.) • FTE Change (Note: for regular faculty, if change is to above or below .5 FTE, faculty type will change.) • Sabbatical Request (Indicate beginning and ending date of sabbatical in "Effective Date of Action" and "Ending Date of Action.") • Return from Sabbatical (Indicate date returning from sabbatical in the "Effective Date of Action" field.) • Transfer between departments (Indicate which department faculty member is transferring from). • Transfer between divisions (Indicate which division faculty member is transferring from). • Leave of Absence (Indicate beginning and ending date of LOA in "Effective Date of Action" and "Ending Date of Action." Also choose whether the LOA is paid or unpaid.) • Return from Leave of Absence (Indicate return date from leave of absence.)

25	Current Status	Leave Current Status section blank if the requested action is a new appointment. Complete remaining fields in "Current Status" section only if faculty action is for faculty member with current appointment.
26	Current Status - Rank	Indicate the rank this faculty member currently holds.
27	Current Status - Appointment Type	Indicate whether faculty member currently holds a limited, indeterminate, at-will, tenured or tenure criteria appointment.
28	Current Status - Faculty Type	Indicate current Faculty Type: <ul style="list-style-type: none"> • <i>Regular-Univ</i> (>50% FTE, University paid or Affiliate paid) • <i>Regular-Other</i> (paid outside of SOM, <u>other than by an affiliate institution.</u>) • <i>Clinical - Paid</i> (<50% FTE) • <i>Clinical - Volunteer</i> (unpaid)
29	Current Status – Appointment Location	Indicate the location where the faculty member receives the majority of their salary/benefits; or, if unpaid, where they perform the majority of their teaching, research or clinical services.
30	Current Status – Status of Appointment	<ul style="list-style-type: none"> • Indicate "<i>Visiting – Awaiting Approval</i>" if faculty member is being appointed at Associate Professor or Professor level and is awaiting approval of dossier. • Indicate "<i>Tenure - Awaiting Approval</i>" if the Award of Tenure is being proposed along with new appointment and is awaiting approval. • Indicate "<i>Visiting – Temp</i>" if the appointment being proposed is temporary (i.e., someone on sabbatical from another institution).
31	Current Status – VA Eighths	If faculty member receives a paycheck from the VA, indicate how many eighths they are employed at the VA, i.e., 5, 6, etc.
32	Current Status - Admin Appointment	Indicate if faculty member currently holds administrative position, i.e., Chair, Vice-Chair, Project Director, etc.
33	Current Status - Academic FTE	Indicate current total FTE, including responsibilities at both University and Affiliates . Note: volunteer appointments are 0% FTE.
34	Current Status - Salary	Indicate current salary paid by University . <ul style="list-style-type: none"> ➤ For affiliate or volunteer clinical faculty, indicate with N/A.
35	Proposed Status - Rank	Indicate rank that is being proposed. <ul style="list-style-type: none"> ➤ If change in rank is not being proposed, indicate the current rank of the faculty member.
36	Proposed Status - Appt Type	Indicate proposed appointment type: limited, indeterminate, at-will, tenured or tenure criteria. <ul style="list-style-type: none"> ➤ If change in appointment type is not being proposed, indicate the current appointment type.
37	Proposed Status - Faculty Type	<ul style="list-style-type: none"> ➤ Indicate proposed Faculty Type: <ul style="list-style-type: none"> • <i>Regular-Univ</i> (>50% FTE, University paid or Affiliate paid) • <i>Regular-Other</i> (paid outside of SOM, <u>other than by an affiliate institution.</u>) • <i>Clinical - Paid</i> (<50% FTE) • <i>Clinical - Volunteer</i> (unpaid) ➤ If change in faculty type is not being proposed, indicate the current faculty type.
38	Proposed Status – Appointment Location	Indicate the location where the faculty member receives the majority of their salary/benefits; or, if unpaid, where they perform the majority of their teaching, research or clinical services.
39	Proposed Status – Status of Appointment	<ul style="list-style-type: none"> • Indicate "<i>Visiting – Awaiting Approval</i>" if faculty member is being appointed at Associate Professor or Professor level and is awaiting approval of dossier. • Indicate "<i>Tenure - Awaiting Approval</i>" if the Award of Tenure is being proposed along with new appointment. • Indicate "<i>Visiting – Temp</i>" if the appointment being proposed is temporary (i.e., someone on sabbatical from another institution).
40	Proposed Status – VA Eighths	If faculty member receives a paycheck from the VA, indicate how many eighths they are employed at the VA, i.e., 5, 6, etc.

41	Proposed Status - Admin Appointment	<p>Indicate proposed administrative appointment.</p> <ul style="list-style-type: none"> ➤ If new administrative appointment is not being proposed, indicate current administrative appointment, if applicable.
42	Proposed Status - Academic FTE	<ul style="list-style-type: none"> ➤ Indicate current total FTE, including responsibilities at both University and Affiliates. Note: volunteer appointments are 0% FTE. ➤ If no change in FTE is being proposed, indicate the current FTE.
43	Proposed Status - Salary	<p>Indicate proposed salary to be paid by University.</p> <ul style="list-style-type: none"> ➤ For affiliate or volunteer clinical faculty, indicate with N/A. ➤ If no change in salary is being proposed, indicate the current salary.
44	Signatures	<p>Obtain signatures from Primary Department Chair, Secondary Department Chair, and Division Head or Center Director, if appropriate.</p>

University of Colorado
School of Medicine
Faculty Recommendation Form
Research Associate Series

Contact Person

Jane Smith

Contact Phone

4-1234

Position #

678123

Posting #

891234

Today's Date

8/17/2012

Use this form to confirm all Research Associate Series personnel actions.

NAME	Jones	Sam		BA
	(Last)	(First)	(MI)	(Primary Degree)
EMPLOYEE ID# (OR POI#)	123456			
OFFICE ADDRESS	13001 E. 17th Place, Aurora, CO 80045			
OFFICE PHONE	303-724-5678	EXT.		
PRIMARY EMAIL	sam.jones@ucdenver.edu		SECONDARY EMAIL	
HOME ADDRESS	1234 Elm Street, Denver, CO 80123			
HOME PHONE	303-861-1234	DOB	5/1/1978	GENDER Male
RACE/ETHNICITY	White		CITIZENSHIP	US
DEPARTMENT	Medicine		DIVISION	Medicine-Allergy/Asthma/Clin Imm
CENTER				

EFFECTIVE DATE OF ACTION:	11/1/2012	ENDING DATE OF ACTION (if applicable):	
<input checked="" type="checkbox"/> New Appointment	<input type="checkbox"/> Leave of absence request	<input type="checkbox"/> Transfer between divisions - From:	
<input type="checkbox"/> FTE Change	<input type="checkbox"/> Return from leave of absence	<input type="checkbox"/> Transfer between depts - From:	
<input type="checkbox"/> Promotion	<input type="checkbox"/> Termination Reason:	Comments:	

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Rank Professional Research Assistant
FTE	FTE 1
Salary	Salary \$32,000

This is to offer you an appointment to the University of Colorado School of Medicine, as noted above. This offer is made upon the recommendation of the Department as noted above (and Center and Division as applicable), and subject to final approval by the Dean of the University of Colorado School of Medicine. This letter supercedes any and all other written or verbal agreements regarding your position. Faculty at this rank are not eligible for University tenure nor does service count toward tenure.

Your appointment will begin as noted above. Your initial salary is indicated above as is your percent of full-time employment. Your specific responsibilities are listed in the attached job description.

For information concerning your benefits as a faculty member, please contact the Payroll and Benefits Service Center at 303-860-4200.

By accepting this position, you agree to perform duties and responsibilities which are in the area of your expertise or academic interest, or are otherwise appropriate, and which are assigned to you consistent with your rights and responsibilities as a faculty member.

By accepting this appointment, you agree to comply with all resolutions, rules and regulations adopted by the Board of Regents, and with policies and regulations adopted by the campus, department, school, college or other academic unit in which your appointment is made, consistent with the policies and procedures of the University and your rights and responsibilities as a faculty member. This offer is also contingent on your consenting to and passing a background check.

State law specifically requires that you be an employee at-will in your non-tenure track position and that the following paragraph be included in this letter of offer. Your employment contract is subject to termination by either party to such contract at any time during its term, and you shall be deemed to be an employee-at-will. No compensation, whether as a buy-out of the remaining term of the contract, as liquidated damages, or as any other form of remuneration, shall be owed or paid to you upon termination of such contract except for compensation that was earned prior to the date of termination.

In order that a recommendation for appointment be submitted to the Dean on your behalf, please notify me by 10/15/2012 of your willingness to accept this position by returning the signed letter to the Department of Medicine at Campus Box B100. We look forward to your acceptance of this offer and to your contributions to the University.

I recommend:

DIVISION HEAD/CENTER DIRECTOR DATE

DEPARTMENT CHAIR DATE

DEAN DATE

I accept this offer of the faculty appointment described above, with the understanding that this offer is conditional upon approval of my appointment by the Chancellor of the University of Colorado Health Sciences Center.

SIGNATURE DATE

Faculty Affairs Use Only	
<input type="checkbox"/> Affirmative Action Approval	<input type="checkbox"/> Data entry

University of Colorado
School of Medicine
Faculty Recommendation Form
Research Associate Series

Contact Person
Position #
Posting #

Jane Smith
678123
891234

Contact Phone
Today's Date

4-1234
8/17/2012

PRA - Promotion

Use this form to confirm all Research Associate Series personnel actions.

NAME	Jones	Sam	MA
	(Last)	(First)	(MI) (Primary Degree)
EMPLOYEE ID# (OR POI#)	123456		
OFFICE ADDRESS	13001 E. 17th Place, Aurora, CO 80045		
OFFICE PHONE	303-724-5678	EXT.	
PRIMARY EMAIL	sam.jones@ucdenver.edu		SECONDARY EMAIL
HOME ADDRESS	1234 Elm Street, Denver, CO 80123		
HOME PHONE	303-861-1234	DOB	5/1/1978
		GENDER	Male
		CITIZENSHIP	US
RACE/ETHNICITY	White		
DEPARTMENT	Medicine	DIVISION	Medicine-Allergy/Asthma/Clin Imm
CENTER			

EFFECTIVE DATE OF ACTION:	11/1/2012	ENDING DATE OF ACTION (if applicable):	
<input type="checkbox"/> New Appointment	<input type="checkbox"/> Leave of absence request	<input type="checkbox"/> Transfer between divisions - From:	
<input type="checkbox"/> FTE Change	<input type="checkbox"/> Return from leave of absence	<input type="checkbox"/> Transfer between depts - From:	
<input checked="" type="checkbox"/> Promotion	<input type="checkbox"/> Termination Reason:	Comments:	

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank Professional Research Assistant	Rank Sr. Professional Research Assistant
FTE 0.45	FTE 1
Salary \$14,400	Salary \$44,500

This is to offer you an appointment to the University of Colorado School of Medicine, as noted above. This offer is made upon the recommendation of the Department as noted above (and Center and Division as applicable), and subject to final approval by the Dean of the University of Colorado School of Medicine. This letter supercedes any and all other written or verbal agreements regarding your position. Faculty at this rank are not eligible for University tenure nor does service count toward tenure.

Your appointment will begin as noted above. Your initial salary is indicated above as is your percent of full-time employment. Your specific responsibilities are listed in the attached job description.

For information concerning your benefits as a faculty member, please contact the Payroll and Benefits Service Center at 303-860-4200.

By accepting this position, you agree to perform duties and responsibilities which are in the area of your expertise or academic interest, or are otherwise appropriate, and which are assigned to you consistent with your rights and responsibilities as a faculty member.

By accepting this appointment, you agree to comply with all resolutions, rules and regulations adopted by the Board of Regents, and with policies and regulations adopted by the campus, department, school, college or other academic unit in which your appointment is made, consistent with the policies and procedures of the University and your rights and responsibilities as a faculty member. This offer is also contingent on your consenting to and passing a background check.

State law specifically requires that you be an employee at-will in your non-tenure track position and that the following paragraph be included in this letter of offer. Your employment contract is subject to termination by either party to such contract at any time during its term, and you shall be deemed to be an employee-at-will. No compensation, whether as a buy-out of the remaining term of the contract, as liquidated damages, or as any other form of remuneration, shall be owed or paid to you upon termination of such contract except for compensation that was earned prior to the date of termination.

In order that a recommendation for appointment be submitted to the Dean on your behalf, please notify me by 10/15/2012 of your willingness to accept this position by returning the signed letter to the Department of Medicine at Campus Box B100. We look forward to your acceptance of this offer and to your contributions to the University.

I recommend:

DIVISION HEAD/CENTER DIRECTOR DATE

DEPARTMENT CHAIR DATE

DEAN DATE

I accept this offer of the faculty appointment described above, with the understanding that this offer is conditional upon approval of my appointment by the Chancellor of the University of Colorado Health Sciences Center.

SIGNATURE DATE

Faculty Affairs Use Only	
<input type="checkbox"/> Affirmative Action Approval	<input type="checkbox"/> Data entry

University of Colorado
School of Medicine
Faculty Recommendation Form
Research Associate Series

Contact Person

Jane Smith

Contact Phone

4-1234

Position #

678123

Posting #

891234

Today's Date

8/17/2012

Use this form to confirm all Research Associate Series personnel actions.

NAME	Jones	Sam		BA
	(Last)	(First)	(MI)	(Primary Degree)
EMPLOYEE ID# (OR POI#)	123456			
OFFICE ADDRESS	13001 E. 17th Place, Aurora, CO 80045			
OFFICE PHONE	303-724-5678	EXT.		
PRIMARY EMAIL	sam.jones@ucdenver.edu		SECONDARY EMAIL	
HOME ADDRESS	1234 Elm Street, Denver, CO 80123			
HOME PHONE	303-861-1234	DOB	5/1/1978	GENDER Male
RACE/ETHNICITY	White		CITIZENSHIP	US
DEPARTMENT	Medicine	DIVISION	Medicine-Allergy/Asthma/Clin Imm	
CENTER				

EFFECTIVE DATE OF ACTION:	10/1/2012	ENDING DATE OF ACTION (if applicable):	
<input type="checkbox"/> New Appointment	<input type="checkbox"/> Leave of absence request	<input type="checkbox"/> Transfer between divisions - From:	
<input checked="" type="checkbox"/> FTE Change	<input type="checkbox"/> Return from leave of absence	<input type="checkbox"/> Transfer between depts - From:	
<input type="checkbox"/> Promotion	<input type="checkbox"/> Termination Reason:	Comments:	

CURRENT STATUS (Leave blank if new appt)		PROPOSED STATUS	
Rank	Professional Research Assistant	Rank	Professional Research Assistant
FTE	1	FTE	0.45
Salary	\$32,000	Salary	\$14,400

This is to offer you an appointment to the University of Colorado School of Medicine, as noted above. This offer is made upon the recommendation of the Department as noted above (and Center and Division as applicable), and subject to final approval by the Dean of the University of Colorado School of Medicine. This letter supercedes any and all other written or verbal agreements regarding your position. Faculty at this rank are not eligible for University tenure nor does service count toward tenure.

Your appointment will begin as noted above. Your initial salary is indicated above as is your percent of full-time employment. Your specific responsibilities are listed in the attached job description.

For information concerning your benefits as a faculty member, please contact the Payroll and Benefits Service Center at 303-860-4200.

By accepting this position, you agree to perform duties and responsibilities which are in the area of your expertise or academic interest, or are otherwise appropriate, and which are assigned to you consistent with your rights and responsibilities as a faculty member.

By accepting this appointment, you agree to comply with all resolutions, rules and regulations adopted by the Board of Regents, and with policies and regulations adopted by the campus, department, school, college or other academic unit in which your appointment is made, consistent with the policies and procedures of the University and your rights and responsibilities as a faculty member. This offer is also contingent on your consenting to and passing a background check.

State law specifically requires that you be an employee at-will in your non-tenure track position and that the following paragraph be included in this letter of offer. Your employment contract is subject to termination by either party to such contract at any time during its term, and you shall be deemed to be an employee-at-will. No compensation, whether as a buy-out of the remaining term of the contract, as liquidated damages, or as any other form of remuneration, shall be owed or paid to you upon termination of such contract except for compensation that was earned prior to the date of termination.

In order that a recommendation for appointment be submitted to the Dean on your behalf, please notify me by 9/15/2012 of your willingness to accept this position by returning the signed letter to the Department of Medicine at Campus Box B100. We look forward to your acceptance of this offer and to your contributions to the University.

I recommend:

DIVISION HEAD/CENTER DIRECTOR DATE

DEPARTMENT CHAIR DATE

DEAN DATE

I accept this offer of the faculty appointment described above, with the understanding that this offer is conditional upon approval of my appointment by the Chancellor of the University of Colorado Health Sciences Center.

SIGNATURE DATE

Faculty Affairs Use Only	
<input type="checkbox"/> Affirmative Action Approval	<input type="checkbox"/> Data entry

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date

8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg	MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree	
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234		
OFFICE ADDRESS (if off-campus)					
PRIMARY EMAIL	greg.jones@ucdenver.edu	ALT EMAIL			
HOME ADDRESS	123 Oak Street, Denver, CO 80212				
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male
				CITIZENSHIP	US
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MPH/MSPH <input type="checkbox"/> Other Masters <input type="checkbox"/> BA/BS <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> NP <input type="checkbox"/> PsyD <input type="checkbox"/> JD <input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Other			RACE/ ETHNICITY	White

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT	Medicine
DIVISION/SECTION	Medicine-Cardiology
CENTER/INSTITUTE	

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	9/1/2012
ENDING DATE OF ACTION (if applicable):	8/31/2013
<input checked="" type="checkbox"/> New Appointment - Primary <input type="checkbox"/> Regular to Clinical <input type="checkbox"/> Sabbatical request <input type="checkbox"/> Leave of Absence Request <input type="checkbox"/> New Appointment - Secondary <input type="checkbox"/> Clinical to Regular <input type="checkbox"/> Return from Sabbatical <input type="checkbox"/> Return from Leave of Absence <input type="checkbox"/> Reappointment - Primary <input type="checkbox"/> Administrative change <input type="checkbox"/> Transfer between depts - From: <input type="checkbox"/> Promotion <input type="checkbox"/> Salary adjustment <input type="checkbox"/> Transfer between divisions - From: <input type="checkbox"/> Tenure Award <input type="checkbox"/> FTE Change <input type="checkbox"/> Other <input type="checkbox"/> Termination - Reason:	

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☐ Yes ☐ No

Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Assistant Professor
Appt Type	Limited
Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates)
Appt Location	Univ of Colorado SOM
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: (If applicable)	Status of Appt: (If applicable)
<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval	<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)
	1.0 % FTE
Salary paid by University	Salary paid by University
	\$120,000

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position #

812345

Posting #

61345

Today's Date

8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg	MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree	
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234		
OFFICE ADDRESS (if off-campus)					
PRIMARY EMAIL	greg.jones@ucdenver.edu		ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212				
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male
				CITIZENSHIP	US
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MPH/MSPH <input type="checkbox"/> Other Masters <input type="checkbox"/> BA/BS <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> NP <input type="checkbox"/> PsyD <input type="checkbox"/> JD <input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Other			RACE/ ETHNICITY	White

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT	Medicine
DIVISION/SECTION	Medicine-Internal Medicine
CENTER/INSTITUTE	

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	10/1/2012
ENDING DATE OF ACTION (if applicable):	
<input checked="" type="checkbox"/> New Appointment - Primary <input type="checkbox"/> New Appointment - Secondary <input type="checkbox"/> Reappointment - Primary <input type="checkbox"/> Promotion <input type="checkbox"/> Tenure Award <input type="checkbox"/> Termination - Reason:	<input type="checkbox"/> Regular to Clinical <input type="checkbox"/> Clinical to Regular <input type="checkbox"/> Administrative change <input type="checkbox"/> Salary adjustment <input type="checkbox"/> FTE Change <input type="checkbox"/> Sabbatical request <input type="checkbox"/> Return from Sabbatical <input type="checkbox"/> Transfer between depts - From: <input type="checkbox"/> Transfer between divisions - From: <input type="checkbox"/> Other
<input type="checkbox"/> Leave of Absence Request <input type="checkbox"/> Return from Leave of Absence	

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☐ Yes ☐ No

Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Assistant Professor
Appt Type	At-will
Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates)
Appt Location	Univ of Colorado SOM
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: (If applicable)	Status of Appt: (If applicable)
<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval	<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)
	1.0
Salary paid by University	Salary paid by University
	\$120,000

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date 8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg	MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree	
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234		
OFFICE ADDRESS (if off-campus)					
PRIMARY EMAIL	greg.jones@ucdenver.edu		ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212				
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male
				CITIZENSHIP	US
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MPH/MSPH <input type="checkbox"/> Other Masters <input type="checkbox"/> BA/BS <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> NP <input type="checkbox"/> PsyD <input type="checkbox"/> JD <input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Other			RACE/ ETHNICITY	White

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT	Medicine
DIVISION/SECTION	Medicine-Internal Medicine
CENTER/INSTITUTE	

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	10/1/2012
ENDING DATE OF ACTION (if applicable):	9/30/2013
<input type="checkbox"/> New Appointment - Primary <input type="checkbox"/> Regular to Clinical <input type="checkbox"/> Sabbatical request <input type="checkbox"/> Leave of Absence Request <input type="checkbox"/> New Appointment - Secondary <input type="checkbox"/> Clinical to Regular <input type="checkbox"/> Return from Sabbatical <input type="checkbox"/> Return from Leave of Absence <input type="checkbox"/> Reappointment - Primary <input type="checkbox"/> Administrative change <input type="checkbox"/> Transfer between depts - From: <input checked="" type="checkbox"/> Promotion <input type="checkbox"/> Salary adjustment <input type="checkbox"/> Transfer between divisions - From: <input type="checkbox"/> Tenure Award <input type="checkbox"/> FTE Change <input type="checkbox"/> Other <input type="checkbox"/> Termination - Reason:	

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☐ Yes ☐ No

Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Assistant Professor
Appt Type	Limited
Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates)
Appt Location	Univ of Colorado SOM
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: (If applicable)	<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	1.0 % FTE
Salary paid by University	\$120,000

Rank	Associate Professor
Appt Type	Limited
Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates)
Appt Location	Univ of Colorado SOM
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: (If applicable)	<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	1.0 % FTE
Salary paid by University	\$130,000

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date 8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg	MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree	
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234		
OFFICE ADDRESS (if off-campus)					
PRIMARY EMAIL	greg.jones@ucdenver.edu		ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212				
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male
				CITIZENSHIP	US
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MPH/MSPH <input type="checkbox"/> Other Masters <input type="checkbox"/> BA/BS <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> NP <input type="checkbox"/> PsyD <input type="checkbox"/> JD <input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Other			RACE/ ETHNICITY	White

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT	Medicine
DIVISION/SECTION	Medicine-Medical Oncology
CENTER/INSTITUTE	

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	7/1/2012
ENDING DATE OF ACTION (if applicable):	6/30/2013
<input checked="" type="checkbox"/> New Appointment - Primary <input type="checkbox"/> Regular to Clinical <input type="checkbox"/> Sabbatical request <input type="checkbox"/> Leave of Absence Request <input type="checkbox"/> New Appointment - Secondary <input type="checkbox"/> Clinical to Regular <input type="checkbox"/> Return from Sabbatical <input type="checkbox"/> Return from Leave of Absence <input type="checkbox"/> Reappointment - Primary <input type="checkbox"/> Administrative change <input type="checkbox"/> Transfer between depts - From: <input type="checkbox"/> Promotion <input type="checkbox"/> Salary adjustment <input type="checkbox"/> Transfer between divisions - From: <input type="checkbox"/> Tenure Award <input type="checkbox"/> FTE Change <input type="checkbox"/> Other <input type="checkbox"/> Termination - Reason:	

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☐ Yes ☐ No

Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Rank
Appt Type	Appt Type
Faculty Type	Faculty Type
Appt Location	Appt Location
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.
Status of Appt: <input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval	Status of Appt: <input checked="" type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)
Division Head, Medical Oncology	Division Head, Medical Oncology
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)
1.0 % FTE	1.0 % FTE
Salary paid by University	Salary paid by University
	\$150,000

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date 8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg	MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree	
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234		
OFFICE ADDRESS (if off-campus)					
PRIMARY EMAIL	greg.jones@ucdenver.edu		ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212				
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male
				CITIZENSHIP	US
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MPH/MSPH <input type="checkbox"/> Other Masters <input type="checkbox"/> BA/BS <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> NP <input type="checkbox"/> PsyD <input type="checkbox"/> JD <input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Other			RACE/ ETHNICITY	White

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT	Medicine
DIVISION/SECTION	Medicine-Medical Oncology
CENTER/INSTITUTE	
SECONDARY DEPT	
DIVISION/SECTION	
CENTER/INSTITUTE	

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	7/1/2012
ENDING DATE OF ACTION (if applicable):	
<input checked="" type="checkbox"/> New Appointment - Primary <input type="checkbox"/> Regular to Clinical <input type="checkbox"/> Sabbatical request <input type="checkbox"/> Leave of Absence Request <input type="checkbox"/> New Appointment - Secondary <input type="checkbox"/> Clinical to Regular <input type="checkbox"/> Return from Sabbatical <input type="checkbox"/> Return from Leave of Absence <input type="checkbox"/> Reappointment - Primary <input type="checkbox"/> Administrative change <input type="checkbox"/> Transfer between depts - From: <input type="checkbox"/> Promotion <input type="checkbox"/> Salary adjustment <input type="checkbox"/> Transfer between divisions - From: <input type="checkbox"/> Tenure Award <input type="checkbox"/> FTE Change <input type="checkbox"/> Other <input type="checkbox"/> Termination - Reason:	

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☐ Yes ☐ No

Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Assistant Professor
Appt Type	At-will
Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates)
Appt Location	DHHA
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: (If applicable)	Status of Appt: (If applicable)
<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval	<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)
	1.0 % FTE
Salary paid by University	Salary paid by University
	0

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date 8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg	MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree	
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234		
OFFICE ADDRESS (if off-campus)					
PRIMARY EMAIL	greg.jones@ucdenver.edu		ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212				
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male
				CITIZENSHIP	US
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MPH/MSPH <input type="checkbox"/> Other Masters <input type="checkbox"/> BA/BS <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> NP <input type="checkbox"/> PsyD <input type="checkbox"/> JD <input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Other			RACE/ ETHNICITY	White

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT Medicine	SECONDARY DEPT
DIVISION/SECTION Medicine-Medical Oncology	DIVISION/SECTION
CENTER/INSTITUTE	CENTER/INSTITUTE

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	7/1/2012
ENDING DATE OF ACTION (if applicable):	
<input checked="" type="checkbox"/> New Appointment - Primary <input type="checkbox"/> New Appointment - Secondary <input type="checkbox"/> Reappointment - Primary <input type="checkbox"/> Promotion <input type="checkbox"/> Tenure Award <input type="checkbox"/> Termination - Reason:	<input type="checkbox"/> Regular to Clinical <input type="checkbox"/> Clinical to Regular <input type="checkbox"/> Administrative change <input type="checkbox"/> Salary adjustment <input type="checkbox"/> FTE Change <input type="checkbox"/> Sabbatical request <input type="checkbox"/> Return from Sabbatical <input type="checkbox"/> Transfer between depts - From: <input type="checkbox"/> Transfer between divisions - From: <input type="checkbox"/> Other
<input type="checkbox"/> Leave of Absence Request <input type="checkbox"/> Return from Leave of Absence	

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☐ Yes ☐ No

Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Assistant Professor
Appt Type	At-will
Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates)
Appt Location	VAMC
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: (If applicable)	Status of Appt: (If applicable)
<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval	<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)
% FTE	1.0 % FTE
Salary paid by University	Salary paid by University
	\$10,000

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date 8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg		MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree		
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234			
OFFICE ADDRESS (if off-campus)						
PRIMARY EMAIL	greg.jones@ucdenver.edu			ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212					
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male	CITIZENSHIP
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD	<input type="checkbox"/> PhD	<input type="checkbox"/> MPH/MSPH	<input type="checkbox"/> Other Masters	<input type="checkbox"/> BA/BS	RACE/ ETHNICITY
	<input type="checkbox"/> DO	<input type="checkbox"/> RN	<input type="checkbox"/> CNA	<input type="checkbox"/> NP	<input type="checkbox"/> PsyD	<input type="checkbox"/> JD
	<input type="checkbox"/> DDS	<input type="checkbox"/> PharmD	<input type="checkbox"/> CRNA	<input type="checkbox"/> CNM	<input type="checkbox"/> Other	

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT	Medicine
DIVISION/SECTION	Medicine-Medical Oncology
CENTER/INSTITUTE	

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	12/31/2012
ENDING DATE OF ACTION (if applicable):	
<input type="checkbox"/> New Appointment - Primary	<input checked="" type="checkbox"/> Regular to Clinical
<input type="checkbox"/> New Appointment - Secondary	<input type="checkbox"/> Clinical to Regular
<input type="checkbox"/> Reappointment - Primary	<input type="checkbox"/> Administrative change
<input type="checkbox"/> Promotion	<input type="checkbox"/> Salary adjustment
<input type="checkbox"/> Tenure Award	<input type="checkbox"/> FTE Change
<input type="checkbox"/> Termination - Reason:	<input type="checkbox"/> Other
<input type="checkbox"/> Sabbatical request	<input type="checkbox"/> Leave of Absence Request
<input type="checkbox"/> Return from Sabbatical	<input type="checkbox"/> Return from Leave of Absence
<input type="checkbox"/> Transfer between depts - From:	
<input type="checkbox"/> Transfer between divisions - From:	

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☐ Yes ☐ No

Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Assistant Professor
Appt Type	Limited
Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates)
Appt Location	Univ of Colorado SOM
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: (If applicable)	Status of Appt: (If applicable)
<input type="checkbox"/> Visiting-Awaiting Approval	<input type="checkbox"/> Visiting-Awaiting Approval
<input type="checkbox"/> Tenure Awaiting Approval	<input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)
1.0 % FTE	0 % FTE
Salary paid by University	Salary paid by University
\$150,000	0

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date 8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg	MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree	
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234		
OFFICE ADDRESS (if off-campus)					
PRIMARY EMAIL	greg.jones@ucdenver.edu		ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212				
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male
				CITIZENSHIP	US
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MPH/MSPH <input type="checkbox"/> Other Masters <input type="checkbox"/> BA/BS <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> NP <input type="checkbox"/> PsyD <input type="checkbox"/> JD <input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Other			RACE/ ETHNICITY	White

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT Medicine	SECONDARY DEPT
DIVISION/SECTION Medicine-Medical Oncology	DIVISION/SECTION
CENTER/INSTITUTE	CENTER/INSTITUTE

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	7/1/2012
ENDING DATE OF ACTION (if applicable):	
<input checked="" type="checkbox"/> New Appointment - Primary <input type="checkbox"/> New Appointment - Secondary <input type="checkbox"/> Reappointment - Primary <input type="checkbox"/> Promotion <input type="checkbox"/> Tenure Award <input type="checkbox"/> Termination - Reason:	
<input type="checkbox"/> Regular to Clinical <input type="checkbox"/> Clinical to Regular <input type="checkbox"/> Administrative change <input type="checkbox"/> Salary adjustment <input type="checkbox"/> FTE Change	
<input type="checkbox"/> Sabbatical request <input type="checkbox"/> Return from Sabbatical <input type="checkbox"/> Transfer between depts - From: <input type="checkbox"/> Transfer between divisions - From: <input type="checkbox"/> Other	
<input type="checkbox"/> Leave of Absence Request <input type="checkbox"/> Return from Leave of Absence	

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☐ Yes ☐ No

Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Rank Assistant Clinical Professor
Appt Type	Appt Type At-will
Faculty Type	Faculty Type Clinical-Volunteer (unpaid)
Appt Location	Appt Location Univ of Colorado SOM
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: (If applicable)	Status of Appt: (If applicable)
<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval	<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)
% FTE	0 % FTE
Salary paid by University	Salary paid by University

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date

8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg		MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree		
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234			
OFFICE ADDRESS (if off-campus)						
PRIMARY EMAIL	greg.jones@ucdenver.edu			ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212					
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male	CITIZENSHIP
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD	<input type="checkbox"/> PhD	<input type="checkbox"/> MPH/MSPH	<input type="checkbox"/> Other Masters	<input type="checkbox"/> BA/BS	RACE/ ETHNICITY
	<input type="checkbox"/> DO	<input type="checkbox"/> RN	<input type="checkbox"/> CNA	<input type="checkbox"/> NP	<input type="checkbox"/> PsyD	<input type="checkbox"/> JD
	<input type="checkbox"/> DDS	<input type="checkbox"/> PharmD	<input type="checkbox"/> CRNA	<input type="checkbox"/> CNM	<input type="checkbox"/> Other	

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT	Medicine
DIVISION/SECTION	Medicine-Internal Medicine
CENTER/INSTITUTE	

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	10/1/2012
ENDING DATE OF ACTION (if applicable):	9/30/2013
<input type="checkbox"/> New Appointment - Primary	<input type="checkbox"/> Regular to Clinical
<input type="checkbox"/> New Appointment - Secondary	<input type="checkbox"/> Clinical to Regular
<input type="checkbox"/> Reappointment - Primary	<input type="checkbox"/> Administrative change
<input checked="" type="checkbox"/> Promotion	<input type="checkbox"/> Salary adjustment
<input type="checkbox"/> Tenure Award	<input type="checkbox"/> FTE Change
<input type="checkbox"/> Termination - Reason:	<input type="checkbox"/> Other

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☐ Yes ☐ No

Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Rank
Visiting Associate Professor	Associate Professor
Appt Type	Appt Type
Limited	Limited
Faculty Type	Faculty Type
Regular Faculty (>=50% FTE, Univ and Affiliates)	Regular Faculty (>=50% FTE, Univ and Affiliates)
Appt Location	Appt Location
Univ of Colorado SOM	Univ of Colorado SOM
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.
Status of Appt: <input checked="" type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp	Status of Appt: <input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp
(If applicable) <input type="checkbox"/> Tenure Awaiting Approval	(If applicable) <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)
1.0 % FTE	1.0 % FTE
Salary paid by University	Salary paid by University
\$200,000	\$200,000

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date 8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg		MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree		
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234			
OFFICE ADDRESS (if off-campus)						
PRIMARY EMAIL	greg.jones@ucdenver.edu			ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212					
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male	CITIZENSHIP
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD	<input type="checkbox"/> PhD	<input type="checkbox"/> MPH/MSPH	<input type="checkbox"/> Other Masters	<input type="checkbox"/> BA/BS	RACE/ ETHNICITY
	<input type="checkbox"/> DO	<input type="checkbox"/> RN	<input type="checkbox"/> CNA	<input type="checkbox"/> NP	<input type="checkbox"/> PsyD	<input type="checkbox"/> JD
	<input type="checkbox"/> DDS	<input type="checkbox"/> PharmD	<input type="checkbox"/> CRNA	<input type="checkbox"/> CNM	<input type="checkbox"/> Other	

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT	Medicine
DIVISION/SECTION	Medicine-Medical Oncology
CENTER/INSTITUTE	

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	12/31/2012
ENDING DATE OF ACTION (if applicable):	
<input type="checkbox"/> New Appointment - Primary	<input type="checkbox"/> Regular to Clinical
<input type="checkbox"/> New Appointment - Secondary	<input type="checkbox"/> Clinical to Regular
<input type="checkbox"/> Reappointment - Primary	<input type="checkbox"/> Administrative change
<input type="checkbox"/> Promotion	<input type="checkbox"/> Salary adjustment
<input type="checkbox"/> Tenure Award	<input type="checkbox"/> FTE Change
<input checked="" type="checkbox"/> Termination - Reason:	Resignation (see info below)
<input type="checkbox"/> Sabbatical request	<input type="checkbox"/> Leave of Absence Request
<input type="checkbox"/> Return from Sabbatical	<input type="checkbox"/> Return from Leave of Absence
<input type="checkbox"/> Transfer between depts - From:	
<input type="checkbox"/> Transfer between divisions - From:	
<input type="checkbox"/> Other	

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☒ Yes ☐ No

Where is the faculty member going?

University of Illinois

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☒ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Assistant Professor
Appt Type	Limited
Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates)
Appt Location	Univ of Colorado SOM
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: (If applicable)	<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp
<input type="checkbox"/> Tenure Awaiting Approval	<input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	1.0 % FTE
Salary paid by University	\$110,000

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

University of Colorado SOM

Contact Name Jane Smith

Contact Phone 4-0001

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date 8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg		MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree		
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234			
OFFICE ADDRESS (if off-campus)						
PRIMARY EMAIL	greg.jones@ucdenver.edu			ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212					
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male	CITIZENSHIP
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MPH/MSPH <input type="checkbox"/> Other Masters <input type="checkbox"/> BA/BS			RACE/ ETHNICITY	White	
	<input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> NP <input type="checkbox"/> PsyD <input type="checkbox"/> JD					
	<input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Other					

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT	SECONDARY DEPT
DIVISION/SECTION	DIVISION/SECTION
CENTER/INSTITUTE	CENTER/INSTITUTE

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	ENDING DATE OF ACTION (if applicable):
<input type="checkbox"/> New Appointment - Primary <input type="checkbox"/> New Appointment - Secondary <input type="checkbox"/> Reappointment - Primary <input type="checkbox"/> Promotion <input type="checkbox"/> Tenure Award <input type="checkbox"/> Termination - Reason:	<input type="checkbox"/> Regular to Clinical <input type="checkbox"/> Clinical to Regular <input checked="" type="checkbox"/> Administrative change <input checked="" type="checkbox"/> Salary adjustment <input type="checkbox"/> FTE Change <input type="checkbox"/> Sabbatical request <input type="checkbox"/> Return from Sabbatical <input type="checkbox"/> Transfer between depts - From: <input type="checkbox"/> Transfer between divisions - From: <input type="checkbox"/> Other

Answer the following three questions if regular faculty member is resigning :

Is there a non-compete agreement in place? ☐ Yes ☐ No Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement? ☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Rank
Appt Type	Appt Type
Faculty Type	Faculty Type
Appt Location	Appt Location
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.
Status of Appt: (If applicable)	Status of Appt: (If applicable)
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)
Salary paid by University	Salary paid by University

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position #

812345

Posting #

61345

Today's Date

8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg	MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree	
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234		
OFFICE ADDRESS (if off-campus)					
PRIMARY EMAIL	greg.jones@ucdenver.edu		ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212				
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male
				CITIZENSHIP	US
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MPH/MSPH <input type="checkbox"/> Other Masters <input type="checkbox"/> BA/BS <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> NP <input type="checkbox"/> PsyD <input type="checkbox"/> JD <input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Other			RACE/ ETHNICITY	White

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT	Medicine
DIVISION/SECTION	Medicine-Medical Oncology
CENTER/INSTITUTE	

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	7/1/2013
ENDING DATE OF ACTION (if applicable):	12/31/2013

<input type="checkbox"/> New Appointment - Primary	<input type="checkbox"/> Regular to Clinical	<input type="checkbox"/> Sabbatical request	<input checked="" type="checkbox"/> Leave of Absence Request	Unpaid
<input type="checkbox"/> New Appointment - Secondary	<input type="checkbox"/> Clinical to Regular	<input type="checkbox"/> Return from Sabbatical	<input type="checkbox"/> Return from Leave of Absence	
<input type="checkbox"/> Reappointment - Primary	<input type="checkbox"/> Administrative change	<input type="checkbox"/> Transfer between depts - From:		
<input type="checkbox"/> Promotion	<input type="checkbox"/> Salary adjustment	<input type="checkbox"/> Transfer between divisions - From:		
<input type="checkbox"/> Tenure Award	<input type="checkbox"/> FTE Change			
<input type="checkbox"/> Termination - Reason:		<input type="checkbox"/> Other		

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where is the faculty member going?	
Will their next position cause them to violate the terms of the non-compete agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank	Assistant Professor
Appt Type	At-will
Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates)
Appt Location	Univ of Colorado SOM
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: (If applicable)	<input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	1.0 % FTE
Salary paid by University	\$110,000

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	

Faculty Recommendation Form

Position # 812345

Posting # 61345

Today's Date 8/20/2012

Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions.

NAME	Jones	Greg	MD	EMPL ID# (OR POI #)	123456
	(Last)	(First)	(MI)	Degree	
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1234		
OFFICE ADDRESS (if off-campus)					
PRIMARY EMAIL	greg.jones@ucdenver.edu		ALT EMAIL		
HOME ADDRESS	123 Oak Street, Denver, CO 80212				
HOME PHONE	303-801-9123	DOB	04/30/1951	GENDER	Male
				CITIZENSHIP	US
DEGREES ATTAINED	<input checked="" type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MPH/MSPH <input type="checkbox"/> Other Masters <input type="checkbox"/> BA/BS <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> NP <input type="checkbox"/> PsyD <input type="checkbox"/> JD <input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Other			RACE/ ETHNICITY	White

Primary Department (or outside School/Campus)	Secondary Department
PRIMARY DEPT Medicine	SECONDARY DEPT
DIVISION/SECTION Medicine-Medical Oncology	DIVISION/SECTION
CENTER/INSTITUTE	CENTER/INSTITUTE

REQUESTED ACTION(S)	
EFFECTIVE DATE OF ACTION:	1/1/2014
ENDING DATE OF ACTION (if applicable):	
<input type="checkbox"/> New Appointment - Primary <input type="checkbox"/> New Appointment - Secondary <input type="checkbox"/> Reappointment - Primary <input type="checkbox"/> Promotion <input type="checkbox"/> Tenure Award <input type="checkbox"/> Termination - Reason:	<input type="checkbox"/> Regular to Clinical <input type="checkbox"/> Clinical to Regular <input type="checkbox"/> Administrative change <input type="checkbox"/> Salary adjustment <input type="checkbox"/> FTE Change <input type="checkbox"/> Sabbatical request <input type="checkbox"/> Return from Sabbatical <input type="checkbox"/> Transfer between depts - From: <input type="checkbox"/> Transfer between divisions - From: <input type="checkbox"/> Other
	<input type="checkbox"/> Leave of Absence Request <input checked="" type="checkbox"/> Return from Leave of Absence <input type="checkbox"/> Unpaid

Answer the following three questions if regular faculty member is resigning:

Is there a non-compete agreement in place?

☐ Yes ☐ No

Where is the faculty member going?

Will their next position cause them to violate the terms of the non-compete agreement?

☐ Yes ☐ No

CURRENT STATUS (Leave blank if new appt)	PROPOSED STATUS
Rank Assistant Professor	Rank
Appt Type At-will	Appt Type
Faculty Type Regular Faculty (>=50% FTE, Univ and Affiliates)	Faculty Type
Appt Location Univ of Colorado SOM	Appt Location
Choose the location where the majority of their salary/benefits are paid or, if unpaid, where they perform the majority of their teaching, research or clinical services.	
Status of Appt: <input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp (If applicable) <input type="checkbox"/> Tenure Awaiting Approval	Status of Appt: <input type="checkbox"/> Visiting-Awaiting Approval <input type="checkbox"/> Visiting-Temp (If applicable) <input type="checkbox"/> Tenure Awaiting Approval
Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointment (state below, e.g., Chair, Vice Chair, etc.)
For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?	For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.?
What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)	What is the total % FTE for this faculty member's position, including Univ and affiliate responsibilities? (Note: volunteer positions are 0% FTE)
1.0 % FTE	
Salary paid by University \$110,000	Salary paid by University

DIV HEAD/CTR DIRECTOR	DATE	PRIMARY DEPT CHAIR	DATE	DEAN	DATE
		SECONDARY DEPT CHAIR	DATE		

FACULTY AFFAIRS USE ONLY					
<input type="checkbox"/> HR Approval	<input type="checkbox"/> Non-compete/waiver signed	<input type="checkbox"/> MPA signed	<input type="checkbox"/> Oath signed	<input type="checkbox"/> Data entry	<input type="checkbox"/> Ltr #
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division	