	University of Colorado Denver School of Medicine Faculty Recommendation Form						
	Facu	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. Faculty member's first, last, middle initial and primary degree					
5	Name	Faculty member's first, last, middle initial and primary degree. Campus box number					
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 Ending Date of Action	Date the requested action will begin, if approved.					
23	(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.					
	Requested Addon(s)	New Appointment (primary or secondary)					
		• Reappointment (primary or secondary)					
		Promotion					
		Tenure Award (choose if Award of Tenure it being)					
		proposed.)					
		• <i>Termination</i> (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 Additional in the "Efficient Rate of Addition" field.)					
		sabbatical in the "Effective Date of Action" field.)					
		Transfer between departments (Indicate which department faculty member is transferring from)					
		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: • Regular-Univ (>50% FTE, University paid or Affiliate paid) • Regular-Other (paid outside of SOM, other than by an affiliate institution.) • Clinical - Paid (<50% FTE) • Clinical - Volunteer (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	 Indicate "Visiting – Awaiting Approval" if faculty member is being appointed at Associate Professor or Professor level and is awaiting approval of dossier. Indicate "Tenure - Awaiting Approval" if the Award of Tenure is being proposed along with new appointment and is awaiting approval. Indicate "Visiting – Temp" 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, <i>including responsibilities at both University and Affiliates</i> . Note: volunteer appointments are 0% FTE.
34	Current Status - Salary	Indicate current salary <i>paid by University</i> . ➤ For affiliate or volunteer clinical faculty, indicate with N/A.
35	Proposed Status - Rank	Indicate rank that is being proposed. 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. > If change in appointment type is not being proposed, indicate the current appointment type.
37	Proposed Status - Faculty Type	 Indicate proposed Faculty Type: Regular-Univ (>50% FTE, University paid or Affiliate paid) Regular-Other (paid outside of SOM, other than by an affiliate institution.) Clinical - Paid (<50% FTE) Clinical - Volunteer (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	 Indicate "Visiting – Awaiting Approval" if faculty member is being appointed at Associate Professor or Professor level and is awaiting approval of dossier. Indicate "Tenure - Awaiting Approval" if the Award of Tenure is being proposed along with new appointment. Indicate "Visiting – Temp" 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	Indicate proposed administrative appointment. > If new administrative appointment is not being proposed, indicate current administrative appointment, if applicable.
42	Proposed Status - Academic FTE	 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	Indicate proposed salary to be <i>paid by University</i> . For affiliate or volunteer clinical faculty, indicate with N/A. If no change in salary is being proposed, indicate the current salary.
44	Signatures	Obtain signatures from Primary Department Chair, Secondary Department Chair, and Division Head or Center Director, if appropriate.

University of Colorado School of Medicine Faculty Recommendation Form

Contact Person Position # Posting #

PRA - New Appt Jane Smith Contact Pnone 678123 891234 8/17/2012 Today's Date

Faculty Affairs Use Only

☐ Data entry

☐ Affirmative Action Approval

Research Associate Series

I I	41-:- f	to confirm all	D	A : - + -	C:	

SIGNATURE

Use this form to confirm	n all Research Associa	te Series personn	el actions.						
NAME	Jones		Sam	,			3A		
EMPLOYEE ID# (OR F	(Last) POI#)	123456	(Firs	st)	(N	11) ((Primary Degree)		
OFFICE ADDRESS	13001 E. 17th P	lace, Aurora,	CO 80045						
OFFICE PHONE	303-724-5678	EXT.							
PRIMARY EMAIL	sam.jones@ucde	nver.edu			SECONDAR	Y EMAIL			
HOME ADDRESS	1234 Elm Street	, Denver, CC	80123						
HOME PHONE	303-861-1234	DOB	5/1/1978	GEN	IDER Male	•	CITIZENSHIP	US	•
RACE/ETHNICITY	White		•						
DEPARTMENT	Medicine		▼	DIVISION	Medicine-Allerg	y/Asthma/Cl	lin Imm		•
CENTER			•			,, ,			
EFFECTIVE DATE (OF ACTION:	<mark>11/1/2012</mark>		ENDING D	DATE OF ACT	ION (if app	plicable):		
New Appointment	☐ Leave o	of absence request	▼	☐ Tran	nsfer between di	visions - Fro	om:		•
☐ FTE Change☐ Promotion	Return	from leave of abse	ence	☐ Trai	nsfer between d	epts - From:	:		
Salary adjustment	☐ Termina	ation Reason:		•	Comment	s:			
CURREN	T STATUS (Leave	e blank if new	appt)		PF	ROPOSEI	O STATUS		
Rank			•	Rank	Profession	nal Research	n Assistant	•	
FTE				FTE	1	1			
Salary				Salary	\$32,				
Department as noted a This letter supercedes a service count toward te	any and all other writte nure. rill begin as noted abov	Division as applican or verbal agreen	able), and subject to nents regarding you	o final approv ur position. F	val by the Dean Faculty at this ra	of the Unive nk are not e	ersity of Colorado eligible for Univers	School of Medity tenure nor	dicine. does
	cerning your benefits a	s a faculty membe	er, please contact th	ne Pavroll an	nd Benefits Servi	ce Center a	t 303-860-4200.		
	sition, you agree to pe	rform duties and r	esponsibilities whic	h are in the	area of your exp	ertise or aca		r are otherwis	se .
regulations adopted by procedures of the University packground check.	ersity and your rights and your requires that you be and contract is subject to compensation, whether	ont, school, college and responsibilities an employee at-wi termination by eit as a buy-out of the	e or other academic as a faculty memb Ill in your non-tenur her party to such co e remaining term of	e unit in whice er. This offer e track position tract at any the contract	h your appointmer is also conting ion and that the y time during its t, as liquidated d	ent is made ent on your following pa term, and your lamages, or	c, consistent with to consenting to and tragraph be included ou shall be deemed as any other form	he policies ard passing a led in this letteed to be an	er of
	nmendation for appoint e signed letter to the <mark>D</mark>	ment be submitte	d to the Dean on yo	our behalf, pl	lease notify me l	oy <mark>10/15/20</mark> 1	12 of your willingn		
	DIVISION HEAD/CEN	TER DIRECTOR	DATE	•					
	DEPARTMENT CHAIL	₹	DATE	•	DEAN			DATE	
accept this offer of the appointment by the Cha	e faculty appointment d ancellor of the Universi				offer is condition	al upon app	roval of my		

Original-Dean's Office Pink-Fac Affairs Blue-Bus Affairs Goldenrod-Dept. Canary-Division

DATE

University of Colorado School of Medicine Faculty Recommendation Form

SIGNATURE

Contact Person Position # Posting #

6

8

	_	PKA	- Promotion	
ane Smith	Contact	Phone	4-1234	-
78123				
91234	Today's	Date	8/17/2012	

Faculty Affairs Use Only

Data entry

Affirmative Action Approval

Research Associate Series Use this form to confirm all Research Associate Series personnel actions.							
NAME	Jones		Sam			MA	
		(Last)		(First)	(MI)	(Primary Degree)	•
EMPLOYEE ID# (OR F	POI#)	123456	3				
OFFICE ADDRESS	13001 E. 1	7th Place, Auro	ora, CO 80045	5			
OFFICE PHONE	303-724-56	678 E	хт.				
PRIMARY EMAIL	sam.jones@	ucdenver.edu			SECONDARY EMAIL		
HOME ADDRESS	1234 Elm S	Street, Denver,	CO 80123				
HOME PHONE	303-861-12	234 D	ов 5/1/1978	GENDE	R Male $lacktriangle$	CITIZENSHIP	US ▼
RACE/ETHNICITY	White		•				
DEPARTMENT	Medicine			▼ DIVISION Med	dicine-Allergy/Asthma/	Clin Imm	•
CENTER				▼			
EFFECTIVE DATE (OF ACTION:	11/1/2012	2	ENDING DAT	E OF ACTION (if a	pplicable):	7
☐ New Appointment	l	Leave of absence red	quest	▼ ☐ Transfer	between divisions - F	rom:	_
☐ FTE Change		Return from leave of	ahsence	☐ Transfo	r between depts - Froi	m.	
Promotion			ubscree		i between depts - Froi		
☐ Salary adjustment		Termination Reas	on:	•	Comments:		
CURREN	IT STATUS (Leave blank if n	new appt)		PROPOSE	ED STATUS	
Rank	Professional Re	search Assistant	•	Rank	Sr. Professional Res	earch Assistant	•
FTE	0.45			FTE	1		
Salary	\$14,400	0		Salary	\$44,500		
Department as noted a This letter supercedes service count toward to Your appointment ware listed in the attached	above (and Center any and all other coure. vill begin as note ed job description	er and Division as ap r written or verbal ag d above. Your initia n.	plicable), and subje greements regarding I salary is indicated a	ct to final approval by your position. Facu		versity of Colorado s eligible for Univers byment. Your specif	School of Medicine. ity tenure nor does
	0,	•	•	ř	of your expertise or a		r are otherwise
	propriate and which are assigned to you consistent with your rights and responsibilities as a faculty member						

opriate, and which are assigned to you consistent wity 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

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

I recommend:	niversity.			
r recommend.	DIVISION HEAD/CENTER DIRECTOR	DATE		
	DEPARTMENT CHAIR	DATE	DEAN	DATE
•	ne faculty appointment described above, with hancellor of the University of Colorado Health		that this offer is conditional upon approval of my	

Original-Dean's Office Pink-Fac Affairs Blue-Bus Affairs Goldenrod-Dept. Canary-Division

DATE

PRA - FTE Change **University of Colorado** Jane Smith 4-1234 **Contact Person Contact Phone School of Medicine** 678123 Position # **Faculty Recommendation Form** 8/17/2012 891234 Posting # Today's Date Research Associate Series Use this form to confirm all Research Associate Series personnel actions. NAME Jones Sam BA (Last) (First) (MI) (Primary Degree) 123456 **EMPLOYEE ID# (OR POI#)** 13001 E. 17th Place, Aurora, CO 80045 **OFFICE ADDRESS** 303-724-5678 EXT. **OFFICE PHONE PRIMARY EMAIL** sam.jones@ucdenver.edu **SECONDARY EMAIL** 1234 Elm Street, Denver, CO 80123 **HOME ADDRESS** ров 5/1/1978 303-861-1234 **GENDER** Male US **HOME PHONE CITIZENSHIP** RACE/ETHNICITY White **DEPARTMENT** DIVISION Medicine Medicine-Allergy/Asthma/Clin Imm CENTER **EFFECTIVE DATE OF ACTION: ENDING DATE OF ACTION (if applicable):** 10/1/2012 **New Appointment** Leave of absence request ☐ Transfer between divisions - From: FTE Change Return from leave of absence ☐ Transfer between depts - From: Promotion Termination Salary adjustment Reason: Comments: **PROPOSED STATUS** CURRENT STATUS (Leave blank if new appt) Professional Research Assistant Professional Research Assistant Rank ▼ Rank FTE 0.45FTE \$32,000 \$14,400 Salary Salary 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 wity 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 Un packground check.	iversity and your rights and responsibilitie	s as a faculty member. This c	offer is also contingent on your cons	enting to and passing a
offer. Your employm employee-at-will. No	ally requires that you be an employee at- lent contract is subject to termination by e compensation, whether as a buy-out of to to you upon termination of such contract	ither party to such contract at a the remaining term of the contra	any time during its term, and you sh act, as liquidated damages, or as ar	all be deemed to be an ny other form of remuneration,
	commendation for appointment be submitt the signed letter to the Department of Me University.	•		
I recommend:				
	DIVISION HEAD/CENTER DIRECTOR	R DATE		
	DEPARTMENT CHAIR	DATE	DEAN	DATE
•	the faculty appointment described above, Chancellor of the University of Colorado H	•	s offer is conditional upon approval	of my
	SIGNATURE	DATE	Faculty A Affirmative Action	ffairs Use Only n Approval Data entry
Original-Dean's Office	Pink-Fac Affairs	Blue-Bus Affairs	Goldenrod-Dept.	Canary-Division

University of Co	olorado SOM	Contact Name	Jane Smitl	h		Co	ntact Phor	Appt - Limite
-	mendation Form	Position #			# 6134		Today's Date	8/20/2012
•	firm all personnel actions			_				
NAME	Jones	G	reg			MD	EMPL ID# (OR POI	#) <u>123456</u>
CAMPUS DOV.	(Last)		(Firs	<i>′</i>	(MI)	Degree		
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1	L234				
OFFICE ADDRESS (if off-campus)								
PRIMARY EMAIL	greg.jones@ucde	nver.edu		ALT EMA	NL			
HOME ADDRESS	123 Oak Street, D	enver. CO 80212						
HOME PHONE	303-801-9123	DOB 04/3	30/1951	GENDER	Male	•	CITIZENSHIP US	▼
DEGREES ATTAINED	✓ MD ☐ PhD ☐ ☐ DO ☐ RN ☐	MPH/MSPH	Other Maste	_ ,	RAC	E/ Whi	te	•
ATTAINED	DDS PharmD	_	IM 🗌 Othe		EINI	NICIT		
	epartment (or outs	ide School/Cam				econdary	Department	
PRIMARY DEPT	Medicine		▼	SECONDARY D	EPT			~
DIVISION/SECTION	Medicine-Cardiology		•	DIVISION/SECT	ION			•
CENTER/INSTITUTI	E		•	CENTER/INSTIT	TUTE			•
		R	EQUESTE	D ACTION(S)				
EFFECTIVE DATI		9/1/2012		ENDING DATE				8/31/2013
	ment - Secondary	Regular to Clinical Clinical to Regular Administrative change Salary adjustment TE Change	R Ti	abbatical request eturn from Sabba ransfer between o ransfer between o	itical depts - Fro	m: Ret	ave of Absence Requ curn from Leave of A	•
Termination -	- Reason:		▼ □ 0	ther				
	ollowing three question -compete agreement in p			esigning : Where is the fac	ulty memb	er going?		
	position cause them to		-			Yes 🗌 No		
	NT STATUS (Leave	blank if new app	ot)		_		D STATUS	
Rank			_	Rank		Professor		▼
Appt Type			▼	Appt Type	Limited			▼
Faculty Type			▼	Faculty Type			0% FTE, Univ and A	affiliates) ▼
	ere the majority of their salar		unpaid, where		n where the		DM r salary/benetits are par rearch or clinical service	
Status of Appt: (If applicable)	☐ Visiting-Awaiting Ap ☐ Tenure Awaiting Ap	proval 🗌 Visiti	ing-Temp	Status of Appt: (If applicable)		Visiting-Aw	- iti A	☐ Visiting-Temp
Admin Appointmen	nt (state below, e.g., Chair,	, Vice Chair, etc.)		Admin Appoint	ment (stat	e below, e.g.,	Chair, Vice Chair, etc.)
For faculty mambars wh	no receive a paycheck from t	ho VA how many		For faculty mambar	re who roccii	vo a navehock	from the VA, how many	
	oyed at the VA, e.g., 5, 6 etc.			eighths are they e				
position, including U	FTE for this faculty men Univ and affiliate respons sitions are 0% FTE)		% FTE	What is the tot including Univ a (Note: voluntee	and affiliate	e responsibili		1.0 % FTE
	Salary paid by U	niversity				Salary pa	id by University	\$120,000
DIV HEAD/CTR DIR	RECTOR DATE		DEPT CHA		\TE		DEAN	DATE
☐ HR Approval			ARY DEPT (AFFAIRS (I E			
Non-compete/	•	MPA signed		_		☐ Da ⁻ Goldenrod-L	ta entry Dept. Ca	Ltr # anary-Division

University of Co	Diorado SOM Contact Name Jane Smit	·h	New Appt - At-will Contact Phone 4-0001
Faculty Recomi	mendation Form Position # 812345 irm all personnel actions, except for Research Associate	Posting #	Today's Date 8/20/2012
NAME	Jones Greg (Last) Greg		MD
CAMPUS BOX #	B100 OFFICE PHONE 303-724-	,	
OFFICE ADDRESS (if off-campus)			
PRIMARY EMAIL	greg.jones@ucdenver.edu	ALT EMAI	IL
HOME ADDRESS	123 Oak Street, Denver, CO 80212		
HOME PHONE	303-801-9123 DOB 04/30/1951	GENDER	Male ▼ CITIZENSHIP US ▼
ATTAINED	✓ MD	D D D	RACE/ White ETHNICITY
	epartment (or outside School/Campus)		Secondary Department
PRIMARY DEPT	Medicine <a> 	SECONDARY DE	EPT ▼
DIVISION/SECTION	Medicine-Internal Medicine	DIVISION/SECTION	ON
CENTER/INSTITUTE	▼	CENTER/INSTIT	UTE
		D ACTION(S)	
EFFECTIVE DATE		ENDING DATE Sabbatical request	OF ACTION (if applicable): Leave of Absence Request
	nent - Secondary	Return from Sabbat Transfer between de Transfer between de Other	ical Return from Leave of Absence epts - From:
	llowing three questions if regular faculty member is r		
	compete agreement in place?		ulty member going? ☐ Yes ☐ No
	T STATUS (Leave blank if new appt)	ote agreement:	PROPOSED STATUS
Rank	▼	Rank	Assistant Professor
Appt Type	▼	Appt Type	At-will ▼
Faculty Type	▼	Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates) ▼
Appt Location	▼	Appt Location	Univ of Colorado SOM ▼
	ere the majority of their salary/benefits are paid or, if unpaid, where of their teaching, research or clinical services.		where the majority of their salary/benefits are paid or, if unpaid, where jority of their teaching, research or clinical services.
Status of Appt: (If applicable)	☐ Visiting-Awaiting Approval ☐ Visiting-Temp ☐ Tenure Awaiting Approval	Status of Appt: (If applicable)	☐ Visiting-Awaiting Approval ☐ Visiting-Temp ☐ Tenure Awaiting Approval
Admin Appointmen	nt (state below, e.g., Chair, Vice Chair, etc.)	Admin Appointr	ment (state below, e.g., Chair, Vice Chair, etc.)
eighths are they employ	o receive a paycheck from the VA, how many yed at the VA, e.g., 5, 6 etc.?	eighths are they en	s who receive a paycheck from the VA, how many mployed at the VA, e.g., 5, 6 etc.?
	FTE for this faculty member's Iniv and affiliate responsibilities? % FTE sitions are 0% FTE)	including Univ a	nd % FTE for this faculty member's position, and affiliate responsibilities? r positions are 0% FTE) 1.0 % FTE
	Salary paid by University		Salary paid by University \$120,000
DIV HEAD/CTR DIRI	ECTOR DATE PRIMARY DEPT CHA	AIR DA	TE DEAN DATE
	SECONDARY DEPT		E
HR Approval Non-compete/v	•	USE ONLY Oath signed Bus Affairs	☐ Data entry ☐ Ltr #

University o	f Colorado SOM Contact Name Jane Smi	th.	Reg Faculty - Promotion
			8/20/2012
•	ommendation Form Position # 812345 confirm all personnel actions, except for Research Associate		loday's Date
NAME		Jeries actions. Us	EMPL ID# (OR DOL#)
NAME	Jones Greg (Fi	[rst)	(MI) Degree EMPL ID# (OR POI #) 123456
CAMPUS BOX		<i>′</i>	(Will) Beglee
OFFICE ADDRE	:SS		
(if off-campus)			
PRIMARY EMA	L greg.jones@ucdenver.edu	ALT EMA	IL
HOME ADDRES	123 Oak Street, Denver, CO 80212		
HOME PHONE	303-801-9123 DOB 04/30/1951	GENDER	Male ▼ CITIZENSHIP US ▼
DEGREES	✓ MD ☐ PhD ☐ MPH/MSPH ☐ Other Mas	ters BA/BS	RACE/ White
ATTAINED	☐ DO ☐ RN ☐ CNA ☐ NP ☐ Psy	D 🗌 JD	ETHNICITY
	☐ DDS ☐ PharmD ☐ CRNA☐ CNM ☐ Oth	er	
	y Department (or outside School/Campus)		Secondary Department
PRIMARY DEP	Medicine	SECONDARY DE	EPT ▼
DIVISION/SECT	TION Medicine-Internal Medicine ▼	DIVISION/SECTI	ON
CENTER/INSTI	TUTE \	CENTER/INSTIT	UTE ▼
	REQUEST	ED ACTION(S)	
FFFECTIVE D	ATE OF ACTION: 10/1/2012		OF ACTION (if applicable): 9/30/2013
		Sabbatical request	Leave of Absence Request
☐ New App	,	Return from Sabbat	ical Return from Leave of Absence
		Transfer between d	epts - From:
✓ Promotio		Transfer between d	ivisions - From:
☐ Tenure A		Other	
	he following three questions if regular faculty member is		
	non-compete agreement in place? Yes No		ulty member going?
	next position cause them to violate the terms of the non-comp	ete agreement?	☐ Yes ☐ No
	RENT STATUS (Leave blank if new appt)		PROPOSED STATUS
Rank	Assistant Professor	(Rank)	Associate Professor
Appt Type	Limited ▼	Appt Type	Limited <u></u> ■
Faculty Type	Degular Faculty (> = F00/ FTF Univ and Affiliator)		
	Regular Faculty (>=50% FTE, Univ and Affiliates)	Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates) ▼
Appt Location	Univ of Colorado SOM	Faculty Type Appt Location	Regular Faculty (>=50% FTE, Univ and Affiliates) Univ of Colorado SOM ▼
Choose the location	Univ of Colorado SOM n where the majority of their salary/benefits are paid or, if unpaid, where	Appt Location Choose the location	Univ of Colorado SOM where the majority of their salary/benefits are paid or, if unpaid, where
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University of Co	olorado SOM	Contact Name	Jane Smitl	h		Con	tact Phone	Appt - Visiti
-	mendation Form firm all personnel actions	Position #	812345	Posting #	# 61345	or those action	Today's Date	8/20/2012
NAME	Jones (Last)		Greg (Firs	st)		1D E	EMPL ID# (OR PO	123456
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1	•	,			
OFFICE ADDRESS (if off-campus)								
PRIMARY EMAIL	greg.jones@ucde	nver.edu		ALT EMA	IL			
HOME ADDRESS	123 Oak Street, D	enver. CO 80212	2					
HOME PHONE	303-801-9123		/30/1951	GENDER	Male	▼ C	CITIZENSHIP	5
DEGREES ATTAINED	✓ MD □ PhD □ □ DO □ RN □ □ DDS □ PharmD		NM Othe) 🗌 JD	RACE/ ETHNIC			•
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University of Co	olorado SOM Contact Name Jane Smit	h	Contact Phone New Appt - DHHA
•	mendation Form Position # 812345	Posting #	61345 Today's Date 8/20/2012
•	irm all personnel actions, except for Research Associate	_	10day 3 Date
NAME	Jones Greg		MD EMPL ID# (OR POI #) 123456
	(Last) (Fire	st)	(MI) Degree
CAMPUS BOX #	B100 OFFICE PHONE 303-724-	1234	
OFFICE ADDRESS (if off-campus)			
PRIMARY EMAIL	greg.jones@ucdenver.edu	ALT EMAII	
HOME ADDRESS	123 Oak Street, Denver, CO 80212		
HOME PHONE	303-801-9123 DOB 04/30/1951	GENDER	Male ▼ CITIZENSHIP US ▼
DEGREES	✓ MD ☐ PhD ☐ MPH/MSPH ☐ Other Mast	ers 🗌 BA/BS	RACE/ White ▼
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University of Co	olorado SOM Contact Name Jane Smi	th	Contact Phone New Appt - VAM
•	mendation Form Position # 812345		61345 Today's Date 8/20/2012
•	irm all personnel actions, except for Research Associate	_	10day 3 Date
NAME	Jones Greg (Fi	rst)	(MI) Degree EMPL ID# (OR POI #) 123456
CAMPUS BOX #	B100 OFFICE PHONE 303-724	,	(Will) Beglee
OFFICE ADDRESS (if off-campus)			
PRIMARY EMAIL	greg.jones@ucdenver.edu	ALT EMA	IL
HOME ADDRESS	123 Oak Street, Denver, CO 80212		
HOME PHONE	303-801-9123 DOB 04/30/1951	GENDER	Male ▼ CITIZENSHIP US ▼
DEGREES ATTAINED	✓ MD	'D □ JD	RACE/ White ETHNICITY
Primary De	epartment (or outside School/Campus)		Secondary Department
PRIMARY DEPT	Medicine ▼	SECONDARY DE	EPT ▼
DIVISION/SECTION	Medicine-Medical Oncology ▼	DIVISION/SECTI	ON ▼
CENTER/INSTITUTE	:	CENTER/INSTIT	UTE ▼
	REQUEST	ED ACTION(S)	
EFFECTIVE DATE		ENDING DATE Sabbatical request	OF ACTION (if applicable): Leave of Absence Request
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University of	F Colorado SOM Contact Name Jane Sm	ith	Contact Phone Reg to Clin
Faculty Reco	ommendation Form Position # 812345	Posting #	61345 Today's Date 8/20/2012
•	confirm all personnel actions, except for Research Associate	_	
NAME	Jones		MD EMPL ID# (OR POI #) 123456
CAMBLIS BOY #		, i	(MI) Degree
CAMPUS BOX #	<u> </u>	-1234	
(if off-campus)	55		
PRIMARY EMAI	greg.jones@ucdenver.edu	ALT EMAIL	
HOME ADDRES	s 123 Oak Street, Denver, CO 80212		
HOME PHONE	303-801-9123 DOB 04/30/1951	GENDER M	lale CITIZENSHIP US
DEGREES	✓ MD ☐ PhD ☐ MPH/MSPH ☐ Other Ma	sters BA/BS	RACE/ White
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Primary	DDS PharmD CRNA CNM Of Department (or outside School/Campus)	ner 	Secondary Department
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DIVISION/SECT	Medicine-Medical Oncology	DIVISION/SECTION	N
CENTER/INSTIT	UTE	CENTER/INSTITUT	re 🔻
		ED ACTION(S)	
EFFECTIVE DA	ATE OF ACTION: 12/31/2012		OF ACTION (if applicable):
☐ New Appo	ointment - Primary 🖳 Regular to Clinical 🗌	Sabbatical request	☐ Leave of Absence Request
	ointment - Secondary	Return from Sabbatica	
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	non-compete agreement in place? Yes No No Next position cause them to violate the terms of the non-com	Where is the faculty	y member going?
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University of Co	olorado SOM	Contact Name	ane Smith			Contact Phone	New Appt - Cli
-	mendation Form firm all personnel actions	Position #	812345	Posting #	61345 e RA/FRF for the	Today's Dat	e 8/20/2012
NAME	Jones	Gr	eg (5: .		MD	EMPL ID# (OR P	OI #) 123456
CAMPUS BOX #	(Last) B100	OFFICE PHONE	First) 303-724-12		(MI) Degree	1	
OFFICE ADDRESS							
(if off-campus) PRIMARY EMAIL	greg.jones@ucde	nver.edu		ALT EMA	L		
HOME ADDRESS	123 Oak Street, De						
HOME PHONE	303-801-9123	ров 04/3	0/1951	GENDER	Male	▼ CITIZENSHIP	US $lacksquare$
ATTAINED	✓ MD □ PhD □ □ DO □ RN □ □ DDS □ PharmD	CNA NP	Other Master PsyD Other	☐ JD	RACE/ ETHNICITY	White	•
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Utiliversity of	Colorado SOM Contac	t Name Jane Smith	า	Contact Phone Visiting to Re	
Faculty Reco	ommendation Form Po	esition # 812345		61345 Today's Date 8/20/2012	
•	confirm all personnel actions, except for		_		
NAME	Jones	Greg		MD EMPL ID# (OR POI #) 123456	
	(Last)	(Firs	t)	(MI) Degree	
CAMPUS BOX #	B ₁₀₀ OFFICE I	PHONE 303-724-1	234		
OFFICE ADDRE (if off-campus)	ss				
PRIMARY EMAI	greg.jones@ucdenver.edu	l	ALT EMAI	L	
HOME ADDRES	s 123 Oak Street, Denver, Co	O 80212			
HOME PHONE	303-801-9123 DC		GENDER	Male ▼ CITIZENSHIP US ▼	
DEGREES ATTAINED	✓ MD ☐ PhD ☐ MPH/MSPI ☐ DO ☐ RN ☐ CNA ☐ DDS ☐ PharmD ☐ CR	H Other Maste	JD	RACE/ White THNICITY	
Primary	Department (or outside Scho			Secondary Department	
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		REQUESTE	D ACTION(S)		
EFFECTIVE D	ATE OF ACTION: 10/1/ pintment - Primary Regular to C		ENDING DATE	OF ACTION (if applicable): Leave of Absence Request	
New Appointment - Secondary Clinical to Regular Return from Sabbatical Return from Leave of Absence Reappointment - Primary Administrative change Transfer between depts - From: Promotion Salary adjustment Transfer between divisions - From: Tenure Award FTE Change 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?					
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University o	f Colorado SOM Contact Name Jane Sm	nith	Contact Phone	Reg Fac - Tern
Faculty Rec	ommendation Form Position # 812345		51345 Today's Da	8/20/2012
•	confirm all personnel actions, except for Research Associate			
NAME	Jones Greg		MD EMPL ID# (OR	POI #) 123456
	(Last) (F	First) (M	II) Degree	
CAMPUS BOX	B100 303-722	1-1234		
OFFICE ADDRE	ESS			
PRIMARY EMA	greg.jones@ucdenver.edu	ALT EMAIL		
HOME ADDRES	123 Oak Street, Denver, CO 80212			
HOME PHONE	303-801-9123 DOB 04/30/1951	GENDER Mal	le CITIZENSHIP	US 🔻
DEGREES ATTAINED	☐ DDS ☐ PharmD ☐ CRNA☐ CNM ☐ O	asters	RACE/ White ETHNICITY	•
Primar	y Department (or outside School/Campus)		Secondary Department	
PRIMARY DEP	T Medicine	SECONDARY DEPT		•
DIVISION/SECT	Medicine-Medical Oncology	DIVISION/SECTION		•
CENTER/INSTI	TUTE	CENTER/INSTITUTE		•
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Rank	Assistant Professor	Rank		▼
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Faculty Type	Regular Faculty (>=50% FTE, Univ and Affiliates)	Faculty Type		•
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DIV HEAD/CTR	DIRECTOR DATE PRIMARY DEPT C. SECONDARY DEP		DEAN	DATE
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☐ Non-comp Original-Dean's Of	pete/waiver signed	Oath signed e-Bus Affairs	☐ Data entry Goldenrod-Dept.	Ltr # Canary-Division

Administrative Change 4-0001 University of Colorado SOM Contact Name | Jane Smith **Contact Phone** 8/20/2012 Faculty Recommendation Form Position # 812345 Posting # 61345 **Today's Date** Use this form to confirm all personnel actions, except for Research Associate Series actions. Use RA/FRF for those actions. NAME EMPL ID# (OR POI #) MD Jones Greg (Last) (First) (MI) Degree **CAMPUS BOX #** OFFICE PHONE B100 303-724-1234 **OFFICE ADDRESS** (if off-campus) PRIMARY EMAIL **ALT EMAIL** greg.jones@ucdenver.edu **HOME ADDRESS** 123 Oak Street, Denver, CO 80212 **HOME PHONE** DOB **GENDER** Male **CITIZENSHIP** US 303-801-9123 04/30/1951 $MD \square$ PhD □ MPH/MSPH П Other Masters BA/BS **DEGREES** RACE/ White DO RN \square **CNA** ☐ NP PsyD П ATTAINED 1D **ETHNICITY** PharmD DDS 🗌 CRNA□ CNM Other Primary Department (or outside School/Campus) **Secondary Department PRIMARY DEPT** Medicine SECONDARY DEPT DIVISION/SECTION Medicine-Internal Medicine DIVISION/SECTION **CENTER/INSTITUTE CENTER/INSTITUTE REQUESTED ACTION(S)** 10/1/2012 **EFFECTIVE DATE OF ACTION: ENDING DATE OF ACTION (if applicable):** Regular to Clinical Sabbatical request Leave of Absence Request New Appointment - Primary Clinical to Regular New Appointment - Secondary Return from Leave of Absence Return from Sabbatical Administrative change Reappointment - Primary **✓** Transfer between depts - From: \checkmark Salary adjustment Promotion Transfer between divisions - From: FTE Change Tenure Award Other 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 PROPOSED STATUS CURRENT STATUS (Leave blank if new appt) Rank Rank Associate Professor Associate Professor Appt Type Limited v Appt Type Limited **Faculty Type Faculty Type** Regular Faculty (>=50% FTE, Univ and Affiliates) Regular Faculty (>=50% FTE, Univ and Affiliates) Univ of Colorado SOM Univ of Colorado SOM Appt Location Appt Location Choose the location where the majority of their salary/benefits are paid or, if unpaid, where 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. hey perform the majority of their teaching, research or clinical services. Visiting-Awaiting Approval Visiting-Awaiting Approval Status of Appt: Status of Appt: (If applicable) Tenure Awaiting Approval (If applicable) Tenure Awaiting Approval Admin Appointment (state below, e.g., Chair, Vice Chair, etc.) Admin Appointment (state below, e.g., Chair, Vice Chair, etc.) **Program Director** For faculty members who receive a paycheck from the VA, how many For faculty members who receive a paycheck from the VA, how many eighths are they employed at the VA, e.g., 5, 6 etc.? eighths are they employed at the VA, e.g., 5, 6 etc.? What is the total % FTE for this faculty member's What is the total % FTE for this faculty member's position, position, including Univ and affiliate responsibilities? 1.0 including Univ and affiliate responsibilities? % FTE 1.0 % FTE (Note: volunteer positions are 0% FTE) (Note: volunteer positions are 0% FTE) \$100,000 \$120,000 Salary paid by University Salary paid by University PRIMARY DEPT CHAIR DIV HEAD/CTR DIRECTOR DATE DATE DEAN DATE SECONDARY DEPT CHAIR DATE **FACULTY AFFAIRS USE ONLY** HR Approval MPA signed Oath signed Non-compete/waiver signed ☐ Data entry Ltr #_ Original-Dean's Office Pink-Fac Affairs Blue-Bus Affairs Goldenrod-Dept. Canary-Division

University of	Colorado SOM	Contact Name	Jan. 2 Consikl	_		Cantast Bhans		LWOP
•		Contact Name				Contact Phone	0/5	20/2012
•	mmendation Form confirm all personnel actions	Position #		Posting #		Today's	Date 0/2	20/2012
NAME				lenes dellons. Esc		EMPL ID# (C	OR POL#)	422456
	<u> Jones</u> <i>(Last)</i>		Greg (Firs		(MI) Degre	•	, , , , , , , , , , , , , , , , , , ,	<u>123456</u>
CAMPUS BOX #	B100	OFFICE PHONE	303-724-1	.234	. ,			
OFFICE ADDRES	ss							
(if off-campus)								
PRIMARY EMAIL	greg.jones@ucde	enver.edu		ALT EMAIL	_			
HOME ADDRESS	123 Oak Street, D	<u> Denver, CO 8021</u>	12					
HOME PHONE	303-801-9123	ров	/30/1951	GENDER	Male	▼ CITIZENSHII	P US	•
DEGREES	✓ MD ☐ PhD ☐	MPH/MSPH	Other Maste	_ ,	RACE/	White		•
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				D ACTION(S)				12/21/2012
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University o	f Colorado SOM	Contact Name Jane	Smit	h	Contact Pho LWOP - Return
Faculty Rece	ommendation Form	Position # 8123	45	Posting #	51345 Today's Date 8/20/2012
•	confirm all personnel actions, e				
NAME	Jones	Greg			MD EMPL ID# (OR POI #) 123456
CAMPUS DOV	(Last)	DEFICE BLIONE	(Firs	<i>'</i> '	II) Degree
CAMPUS BOX #	B100	DFFICE PHONE 303-7	724-1	1234	
(if off-campus)	:55				
PRIMARY EMAI	L greg.jones@ucden	ver.edu		ALT EMAIL	
HOME ADDRES	123 Oak Street, Dei	nver, CO 80212			
HOME PHONE	303-801-9123	ров 04/30/19	51	GENDER Ma	le CITIZENSHIP US
DEGREES	✓ MD ☐ PhD ☐ M	IPH/MSPH		ers 🗌 BA/BS	RACE/ White
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	Assistant Professor				
Appt Type	At-will			Appt Type	•
Faculty Type	Regular Faculty (>=50% FTE,	Univ and Affiliates)	_	Faculty Type	▼
Appt Location	Univ of Colorado SOM n where the majority of their salary/b	onotite are paid or it unpaid	whore	Appt Location	ere the majority of their salary/benefits are paid or, if unpaid, where
	ajority of their teaching, research or		wriere		of their teaching, research or clinical services.
Status of Appt: (If applicable)	Visiting-Awaiting AppropriaTenure Awaiting Appropria		mp	Status of Appt: (If applicable)	☐ Visiting-Awaiting Approval ☐ Visiting-Temp
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	ment (state below, e.g., Chair, V	ice Chair, etc.)			Tenure Awaiting Approval It (state below, e.g., Chair, Vice Chair, etc.)
		ice Chair, etc.)			_
	ment (state below, e.g., Chair, Vi			Admin Appointmen	t (state below, e.g., Chair, Vice Chair, etc.) or receive a paycheck from the VA, how many
eighths are they e	ment (state below, e.g., Chair, V	VA, how many		Admin Appointmen For faculty members who eighths are they employ	t (state below, e.g., Chair, Vice Chair, etc.)
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