**DECISION INFORMATION *FOR CHAIR’S FILE ONLY***

***Not for distribution***

School:

Department:

**PROPOSAL**

Faculty Name:

Title:

FTE:

Tenure Status

Change in: \_\_\_ FTE (From \_\_\_\_\_ to \_\_\_\_\_\_)

 \_\_\_ Patient Services Salary Component

 (From $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_\_\_\_)

 \_\_\_ Faculty Practice Salary Component

 (From $\_\_\_\_\_\_\_\_to $\_\_\_\_\_\_\_\_\_)

Total Number of Faculty in Department: \_\_\_\_\_\_\_\_\_

Number of Faculty Performing Similar Duties: \_\_\_\_\_\_\_\_\_\_\_\_

Of these, how many other faculty will be asked to make a change? \_\_\_\_\_\_\_\_

Reasons for asking THIS faculty member to make change:

 \_\_\_ Productivity below established standard

 \_\_\_ Productivity below other faculty in department

 \_\_\_ Salary higher than normative level for specialty

 \_\_\_ Decline in demand for services provided by faculty member

 \_\_\_ Decline in reimbursement for services provided by faculty member

 \_\_\_ Decline in grant funding

 \_\_\_ Other (**Please Describe)**

The Department should expect to produce the evidence for the above reasons, as negotiations commence.

Updated: 7/01/13