

APPROVAL OF FACULTY SALARY

Case Western Reserve University School of Medicine

Submit all materials to: somFacultyApptMaterials@case.edu

(for more detail, see Faculty Appointments, Promotions and Tenure Procedures Manual:

<http://casemed.case.edu/facultyaffairs/>)

Date: _____

Proposed Faculty Candidate: _____

Proposed Faculty Rank: _____

Department: _____

Effective Date: _____

Requested by: _____
chair signature

Please enter the components by source of funding for the proposed faculty member named above:

Source	Proposed Salary	Identify Account Numbers
Case Western Reserve Operating Budget		OPR,INS,VSN
Case Western Reserve Research/Training		RES, TRN
Case Western Reserve Other		SPC,END.,FHB
Case Western Reserve Salary Subtotal Representing _____% effort		If applicable, please divide CWRU portion of salary into Base, Incentive, & Supplement: \$ _____ Base \$ _____ Merit \$ _____ Incentive \$ _____ Supplement
Direct Hospital Payment		
Direct Other Payment		
TOTAL SALARY FROM ALL SOURCES		

Submit this form along with the Case Western Reserve University Personal Data (pd) Salary Authorization form to the Office of Faculty Affairs and Human Resources.