

SUPPLEMENT TO FACULTY APPOINTMENT PACKETS For Salary Support and Time/Effort within UTHSCSA

TO: Office of the President

VIA: Respective Dean

FROM: Department of _____

SUBJECT: Supplement to Departmental Appointment of Faculty Member with a Center or Institute, within UTHSCSA.

To be submitted with Departmental Appointments to designate actual salary/time/effort for faculty to more than one area, within the UTHSCSA, with financial support for the position shared by the units concerned.

FACULTY NAME: _____ EFFECTIVE DATE: _____

Recommended Salary:

	BASE RATE	PERCENT TIME	TOTAL
<hr/> UTHSCSA Home Department (Funding) Dept ID: _____ Proj ID: _____ Fund: _____	_____	_____	_____
CHAIR (Home Dept): _____			
<hr/> UTHSCSA Center/Institute (Funding) Dept ID: _____ Proj ID: _____ Fund: _____	_____	_____	_____
DIRECTOR (Center/Institute): _____			
TOTAL		_____	_____