

SUPPLEMENT TO JOINT APPOINTMENT (CJ-1) PACKETS

For Joint Appointments within UTHSCSA

TO: Office of the President

VIA: Respective Dean

FROM: Department of _____

SUBJECT: Supplement to Request for Joint Appointment of Faculty Member with Another Department within a school, or between schools, within UTHSCSA.

To be submitted with Joint Appointments Only (Form CJ-1) to designate faculty appointment to more than one department, 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 Department (when applicable) (Funding) Dept ID: _____ Proj ID: _____ Fund: _____	_____	_____	_____
CHAIR (Other Dept): _____			
<hr/> UTHSCSA Department (when applicable) (Funding) Dept ID: _____ Proj ID: _____ Fund: _____	_____	_____	_____
CHAIR (Other Dept): _____			
TOTAL		_____	_____