

Request for
APPROVAL OF FACULTY SALARY
Case Western Reserve University School of Medicine
All materials to: Office of Faculty Affairs and Human Resources
School of Medicine, W171, location code 4915
Fax: 216/368-3013

**MS Word Export To Multiple PDF Files
Software - Please purchase license.**

Date: _____

Proposed Faculty Name: _____

Proposed Faculty Rank: _____

Department: _____

Proposed Total Salary From All Sources: _____

Effective Date: _____

Approved by: _____

Chairperson

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

Source	Present Budget	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 University Subtotal	-	
Direct UHMG Payment		
Direct Hospital Payment		
Other Direct Payment		
TOTAL SALARY FROM ALL SOURCES		

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