***Fellow Salary Change Template Letter:***

***Purpose:*** *This template is to be used when a SOM Department provides a salary increase* ***during*** *the fellow* ***current appointment****. In addition to this template,* ***a salary sheet is required****.*

Dear Dr. Fellow:

I am pleased to inform you that upon review, I, [CHAIR OR DIRECTOR FIRST AND LAST NAME], in the Department of [Enter department name ] approves the salary increase from $\_\_\_\_\_ to $\_\_\_\_\_ during your current appointment as a [ Enter title] from [ start date to end date] . This salary increase is subject to final approval by the Dean’s Office. Upon approval your salary increase will be effective {enter effective date}

 [ provide an explanation for the salary increase].

Thank you for your service to the [ Enter Department/Program/Institute/Center Name] and the School of Medicine.

Sincerely,

Chair/Director

Fellow Signed Acknowledgement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_