UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

FACULTY APPOINTMENT INFORMATION SHEET (FAIS)
FCC1 FACULTY

Choose one:

Appointee's Name:

Appointee's Department:

Rank and Title: Tenure status: Non-tenure track

A. Term of Appointment   to   June 30,
                                                                                        (YYYY)

B. Basis of Appointment/ Employment: Part-time,   % effort, compensated for   months per year

C. Salary information for first fiscal year of appointment term:

			Salary amounts this column	Description this column (only use to indicate if entity other than primary department is paying a portion)
1.	Compensation payable by the School:	a. From its resources		
		b. From the faculty practice plan		
		c. From income under grants, contract, or intra-agency agreements		
2.	Compensation payable by the faculty practice plan			
3.	Compensation payable by other institutions pursuant to agreement with the school			
4.	Other (explain here- contact OAA before placing salary component in this category)			

*Total Approved Salary (1 through 4) _____   *Maximum amount based on terms of FCC1 contract agreement

D. The salary funding sources and the amounts and proportions of salary payable from specific sources, as stated in C, are subject to change by the School as of the beginning of its fiscal years (July 1). In addition, salary is subject to change in accordance with University policy.

E. Salary may be reduced pursuant to University policy in the event of reduction in State appropriations or in other income from which compensation may be paid.

F. The School is not responsible for payment of compensation listed in C which is payable by other institutions or by a faculty practice plan organization.

G. **If Appointee is supported in whole or in part by income under C.1.b. or C.1.c.,** the maximum number of hours accrued, but unused, annual leave for which the Appointee may be compensated upon separation from employment is: ()

Recommended: _____   Date   _____
                        Department Chairperson or Designee

Approved: _____   Date   _____
                        Dean or Designee