Faculty Supplement Payment Request

Name: Title: Life Number: Department:	SAMPLE XXXXXXX	Date of Request:	FPA_REQUESTER 01/01/2011 PENDING APPROVAL Renew 01/01/2011
General Information			
Is the physician's compen payment components and this form proposes comp contact the Dean's Office	YES		
Should the portion of the	YES		
Adjustments to clinical su	pplements will be paid (Annually) based on actual performance.		
	s the FPA estimated clinical supplement does exceed the 75th Percentile NYC (including bonuses processed through HRTS).	2	NO

PAYMENT INFORMATION	CURRENT		PROPOSED	
	FUNDING	AMOUNT	FUNDING	AMOUNT
Annual Base Salary:		\$100,000.00		\$100,000.00
Fringe Benefits (27.5% of base):		\$27,500.00		\$27,500.00
Bonus:		\$0.00		\$0.00
Other:		\$0.00		\$0.00
Total Salary:		\$127,500.00		\$127,500.00
	<u>0264XXXX</u>	\$250,000.00	<u>0264XXXX</u>	\$300,000.00
FPA Estimated Clinical Supplement (4004):		\$250,000.00		\$300,000.00
Estimated Administrative Supplement (4026):		\$0.00		\$0.00
Non-FPA Estimated Clinical Supplement (4027):		\$0.00		\$0.00
Estimated Research Supplement (4028):		\$0.00		\$0.00
Total Supplement:		\$250,000.00		\$300,000.00
Total Compensation:		\$377,500.00		\$427,500.00

Comments

By **SAMPLE** on Jan 1, 2011 9:00 AM

The Compensation Committee approved the increase in Dr. SAMPLE's supplement of \$50,000.00.

Attachments

Offer Letter (FPA_REQUESTER)

Terms and Conditions

- All estimated clinical supplements will be paid on a bi-weekly basis in accordance with MSSM payroll policies.
- For clinical supplements paid quarterly based on actual receipts, payment will occur as closely as possible to the activity performed, but no later than March 15 of the subsequent calendar year.
- The funding source and percentage for each component of compensation must be consistent with the individual's actual time/effort
 allocation. For example, both the percentage of base salary and any clinical supplement charged to an FPA account should reflect
 actual time spent on clinical activities.
- This supplement is consistent with the Institutional Framework for Clinical Faculty Compensation.
- "Estimated" amounts listed on this form are not guaranteed.

Signatures

Signed By:	FPA_REQUESTER	Jan 1, 2011 9:00 AM
Pending Signatures:	FPA_FACULTY	Pending