University of Miami Miller School of Medicine and UHealth System
FACULTY AND STAFF BUSINESS JUSTIFICATION FORM

☐ Faculty Position ☐ Staff/Administrative/Research Position

Please select one transaction type and complete the appropriate section below:
Employee Action ☐ (New Hire, Reclassification, Salary Action) ☐ Position Request (New or Replacement)

Employee Action

Name: _____ C#: _____

Current Department Name: _____

Supervisory Organization: _____

Current Position #: _____

Current Job Title _____

Current Salary: _____

Date of hire/Effective Date: _____

Proposed Department Name: _____

Supervisory Organization: _____

Proposed Position #: _____

Proposed Job Title: _____

Proposed Salary: _____

Proposed Salary increase %: _____

Reason for Justification (Please explain below):

☐ Administrative Supplement
☐ Promotion
☐ Retention/Equity Adjustment
☐ Workload/accountability Change
☐ New Hire

☐ Market Conditions (Must be determined from a Comp. project conducted in conjunction with Med HR)
☐ Sign-On Bonus Amount: _____
☐ Relocation Bonus Amount: _____

☐ Internal Promotion/transfer Salary Justification
☐ On-Call Payments (Faculty)

☐ Teaching Overload
☐ Merit Increase
☐ End of Probationary Increase (Must be stated in the offer letter for exempt employees.
Must be determined and approved by Med HR at time of hire or promotion for all employees.

☐ Waiver of Posting

☐ Staff Visa Sponsorship Required (Please contact:
Staff: Cristina Salgado Faculty: Mitzi Wilkinson)
☐ Yes Type of Visa: _____

Justification for proposed change (Required):

Position Request

Department Name & Number: _____ Supervisory Organization: _____

(Select One): ☐ FACULTY ☐ STAFF ☐ STUDENT ☐ TEMPORARY

Building Location: _____ Work Space: _____

UM Job Title: _____ Recommended Rank/Track: _____

Recommended Salary Range: _____ Supervisor Name & C#: _____

Position Employment Status: ☐ Full-Time ☐ Part-time ☐ Per-Diem ☐ Temporary

Bi-weekly hours: _____ FTE%: _____ Template Code: (Kronos) _____

Position is: ☐ New ☐ Replacement for (employee name): _____ Position #: _____

If Position is "New," has the economic justification been completed and approved? ☐ Yes ☐ No

Proposed Funding Source Account #: _____ Percentage %: _____
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Below explain the consequences of not filling this position in terms of patient care/safety, services or lost revenue. Please attach all documentation that would quantify the need for the position, include current YTD salary cost per procedure data, impact filling this position will have an overall salary costs, Fiscal Year budget, YT budget performance, productivity measurements that include benchmark/management engineering information, customer satisfaction data, alternative methods investigated to avoid filling this position and any other data that will assist the committee in evaluating this request.

Required Approvals

Are there any changes on this form that differ from the original approval by the functional area leader Yes No If yes, please include approval from the functional area leader for the changes.

Manager/Director (Staff Only)	Date	Initiator's Name	Telephone Number
Department Chair (Faculty Requests) or Senior Administrator (Staff Requests)	Date		
Sponsored Programs Approver (Grant Funded Faculty Positions Only)	Date		
Functional Area Leader	Date		
Secondary Functional Area Leader (if applicable)	Date		

Medical Human Resources and Faculty Affairs Use Only

Talent Acquisition Department Reviewer _____ Date _____

Compensation Department Reviewer _____ Date _____

Compensation Department Approver _____ Date _____

AVP/Sr. Assoc. Dean & _____ Date _____

FINAL APPROVED AMOUNT: $_____ APPROVED EFFECTIVE DATE: _____

COMPENSATION COMMENTS: _____