**Position request workflow for any faculty paid on clinical funds:**

<table>
<thead>
<tr>
<th>ePAR request processed by campus to generate Position ID</th>
<th>Infoporte process</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA notifies HR Representative to create Incremental or Replacement Position request</td>
<td>Step 1: HR TEAM</td>
</tr>
<tr>
<td>HR Representative submits request for Position ID: ePAR# is generated.</td>
<td>Step 2: SOM EHR/Team</td>
</tr>
<tr>
<td>ACA creates position pro forma and saves as ePAR#. Pro forma is saved in department FacPhys folder.</td>
<td>Stop 3: Faculty Physicians Review (finance/pro forma review)</td>
</tr>
<tr>
<td>HR Representative uploads pro forma into Infoporte. ePAR# is included in request description</td>
<td></td>
</tr>
</tbody>
</table>

**Pro Forms:**

1. Click [here](#) to access the most recent pro forma.
2. Name your pro forma as the epar# provided to you by your HR rep and save in your department FacPhys folder.
3. Your business case on the pro forma will be shared with the hospital to justify the hire. Provide succinct details on why this position is mission critical.

**Infoporte Upload:**

1. Faculty requests should contain 1 attachment: pro forma
2. The comments section must include the epar# and should match the name of the uploaded pro forma.

**Scoring Spreadsheet:**

1. Scoring spreadsheet [found here](#). Anything 14 and above or 4/4 for productivity and margin will bypass FP LRC. All others must be presented by the ACA to FP LRC.

**Offer Letter:**

1. Template for offer letter and terms and conditions [found here](#).
2. HR representative or designee must email Jacinda Bilyeu offer letter and terms and conditions for review prior to extending final offer. Please include hiring vacancy ID in email.
Top Reasons your pro forma gets sent back:

- Not adding ~10% incentives
- Not reviewing receipt/wRVU
- Not completing the cFTE/FTE
- Conflicting names/info used on the position questionnaire in the “for modeling” vs “brief justification”
- Ramp different on position questionnaire vs proforma tabs

Top Reasons your Offer Letter gets sent back:

- Using the wrong template
  - Correct template found [here](#)
- Requesting a sign-on bonus with no justification.
  - Each sign on bonus request (capped at 10% base salary) must have department justification sent via email. This justification is reviewed by FP President and SOM HR, so the approval timeline is extended any time a sign-on is included.
- Hiring into a tenure or tenure track position but department excluded nominated clinical professor paragraph.
  - Every tenure or tenure track hire must have this paragraph, even if it's an internal hire and the packet will be submitted well in advance. The template has this language.
- Requesting ramp up with no metrics.
  - Measurable mission based targets must be included in the ramp up. The template has this language. Ramp up also requires SOM HR approval, so the approval timeline is extended any time a ramp is included.
- Including moving expenses that are greater than $15k SOM cap.

### FACULTY LABOR REVIEW CRITERIA

<table>
<thead>
<tr>
<th>Replacement</th>
<th>Incremental Budgeted</th>
<th>Incremental Unbudgeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Facing (pro formas needed for all positions)</td>
<td>Approve if score is ≥14</td>
<td>Approve if score is ≥14</td>
</tr>
</tbody>
</table>

**Promotions Supplements**

Approved. Route in Infoporte

**FTE Increase**

Budget Neutral: Approved. Route in Infoporte

**Faculty Funded on Non-Clinical$**

Approved if funding source is non-clinical. Route in Infoporte

Present at LRC with justification if any effort is funded by clinical revenue
APPs

Position request workflow for any APP (HCS or SOM):

APP Application:

1. Application found [here](#).

Pro Formas:

1. Click [here](#) to access the most recent pro forma.
2. Name your pro forma as the epar# (SOM) or Requisition # (HCS - iNFOR) provided to you by your HR rep and save in your department [FacPhys folder](#).
3. Your business case on the pro forma will be shared with the hospital to justify the hire. Provide succinct details on why this position is mission critical.

Infoporte Upload:

1. APP requests should contain 2 attachments: pro forma and APP Application
2. [Upload both documents](#) into the new infoporte route [APP Hiring Request](#)
3. The comments section must include the epar# (SOM) or Requisition # (HCS - iNFOR) and should also match the name of the uploaded pro forma.

Scoring Spreadsheet:

1. Scoring spreadsheet [found here](#). Anything 14 and above or 4/4 for productivity and margin will bypass FP LRC. All others must be presented by the ACA to FP LRC.

APP SUBMISSION COMMON ERRORS

Top Reasons your pro forma gets sent back:

- Not adding ~10% incentives
- Not reviewing receipt/wRVU
- Not completing the cFTE/FTE
FP LRC APP and Faculty Handbook

- Conflicting names/info used on the position questionnaire in the “for modeling” vs “brief justification”
- Ramp different on position questionnaire vs proforma tabs

Top Reasons for Delay/Return of APP Applications:
- Incomplete fields on application
- Not signed by associated hospital VP
- Not enough information provided about clinical roles and responsibilities

<table>
<thead>
<tr>
<th>APP LABOR REVIEW CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Facing</strong></td>
</tr>
<tr>
<td>(Application + proforma needed for all positions – submit to APP Center)</td>
</tr>
<tr>
<td>Replacement</td>
</tr>
<tr>
<td>Approve if score is ≥14</td>
</tr>
<tr>
<td>Approve if FP Productivity and Financial Margin both score 4</td>
</tr>
<tr>
<td>Present at LRC if score ≤13</td>
</tr>
<tr>
<td>Incremental Budgeted</td>
</tr>
<tr>
<td>Approve if score is ≥14</td>
</tr>
<tr>
<td>Approve if FP Productivity and Financial Margin both score 4</td>
</tr>
<tr>
<td>Present at LRC if score ≤13</td>
</tr>
<tr>
<td>Incremental Unbudgeted</td>
</tr>
<tr>
<td>Present at LRC. Business case must include how unbudgeted expense will be covered</td>
</tr>
</tbody>
</table>

- **APPs Funded on Non-Clinical $**
  - Approved if funding source is non-clinical. Route to APP Center.
  - Present at LRC with justification if any effort is funded by clinical revenue