

University of North Carolina

School of Medicine

Salary Reduction Proposal

Department of [INSERT DEPARTMENT NAME]

A reduction is proposed in the total salary of [FACULTY MEMBER NAME], [RANK].

This action will result in reduction of Dr. [LAST NAME]’s total salary from its current level of $ [CURRENT SALARY] to $ [NEW REDUCED SALARY] effective July 1, 20XX. (Prior to any increase with the ARP)

The justification for this salary reduction is as follows:

[INCLUDE JUSTIFICATION HERE]

I hereby certify that this proposed action has been explained to and discussed with Dr. [LAST NAME].

Acknowledged:

Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, Department of [ ]

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

A. Wesley Burks, MD

Dean, School of Medicine