

IFAS Faculty Contract Modification Process (FCMP)

Application Form

Name _____ UFID _____

Title: _____ Unit: _____

Dept ID: _____ Project No. _____ HR account number: _____

Current base salary: _____ Percent to be placed on grants: _____

Effective dates of effort: _____

List projected funding source(s) for non-state funds. UF Foundation/SHARE funds may not be used. Indicate project number(s) and account(s). If more than one, give specific allocation.

The faculty member's signature verifies agreement to the following statements and is required prior to the implementation of a Faculty Supplemental Compensation Plan (FCMP):

- I have read and understand the attached guidelines regarding the FCMP.
- I understand that at the end of the contract and grant that provides the salary funds, my salary will be reduced to the appropriate amount in the pay period following the end of the contract or grant.
- Participation in the FCMP is strictly voluntary.
- Initial approval and annual continuation will be based on annual performance evaluations.
- Eligibility for the CMP requires a performance ranking of at least commendable in all mission categories with no decrease in performance from the previous year's evaluation. For example (not all inclusive):
 - Maintain or increase graduate student support
 - Maintain or increase postdoctoral associate support
 - Extension program must remain responsive to clientele
 - Maintain or increase publication rate
 - Maintain or improve teaching performance level
- Effort reporting and cost-sharing obligations must be considered and addressed.
- Percentage applied to this project is equal to the Effort I am expending each semester.
- Cost-sharing obligations on other projects will continue to be met.
- An alternative departmental funding source will be supplied to allow for full fiscal year payroll distribution.

Faculty member (signature and date)

REVIEW of IFAS Faculty Contract Modification Process (FCMP) Application Form for _____

REVIEWER (Printed name)	SIGNATURE	APPROVED	DISAPPROVED	DATE
_____ CHAIR OR DIRECTOR				
_____ LEAD DEAN				
_____ DEAN				
_____ DEAN				
_____ Jack M. Payne SENIOR VICE PRESIDENT				