

Request for: Faculty Compensation Change  
UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE  
**PITT ONLY FACULTY MEMBERS**

Please Deliver All Requests To:  
Diane Huchber  
Sr. Vice Chancellor's Office - Health Sciences  
401 Scaife Hall  
412-648-3218

Requester/Contact Person: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Office/Department: \_\_\_\_\_  
Date: \_\_\_\_\_  
Faculty Member: \_\_\_\_\_  
Faculty Rank: \_\_\_\_\_

**CURRENT APPROVED COMPENSATION:**

FY \_\_ VA Component \_\_\_\_\_  
FY \_\_ University Base Salary \_\_\_\_\_  
FY \_\_ University Administrative Supplement \_\_\_\_\_  
FY \_\_ University Research Incentive Budget \_\_\_\_\_  
FY \_\_ University Academic Incentive Budget \_\_\_\_\_  
FY \_\_ University Supplemental Budget \_\_\_\_\_  
  
FY \_\_ Total Approved Compensation \_\_\_\_\_

**PROPOSED NEW COMPENSATION:**

FY \_\_ VA Component \_\_\_\_\_  
FY \_\_ University Base \_\_\_\_\_  
FY \_\_ University Administrative Supplement \_\_\_\_\_  
FY \_\_ University Research Incentive Budget \_\_\_\_\_  
FY \_\_ University Academic Incentive \_\_\_\_\_  
FY \_\_ University Supplemental Payment \_\_\_\_\_  
  
FY \_\_ Total Approved Compensation \_\_\_\_\_

***Justification: (or attach pertinent documentation)***  
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***Requested Effective Date:*** \_\_\_\_\_

***Chairperson Signature:***  
\_\_\_\_\_

***Senior Vice Chacellor Approval:***  
\_\_\_\_\_  
*Arthur S. Levine, M.D.*  
*Senior Vice Chancellor for Health Sciences*  
*Dean, School of Medicine*