SCHOOL OF MEDICINE

PRC#

SOM PRC Form

Department Name: Select | Date:

Originator Name: | Phone #:

PRC Approvals/Signatures

Name	Comments
Department Chair Signature/Date	
Other Funding Sources Signature/Date	
Other Signature/Date	

PRC Committee Approvals/Signatures

SOM CFO Signature/Date	
SOM EVD Signature/Date	
VC Clinical Affairs Signature/Date	
Sr. Assoc Dean/OFACD Signature (PRC to Post Only)/Date	

A. General/Proposed Information

PRC to: Select | *Number of Positions Requested:*

Alternative Faculty Appt: Select | If Yes, Select a Reason

Previously approved in dept. budget: Select

Candidate Name *(For PRC to Hire Only)*: | UNMJobs Req #:

Department: Select | Division/Specialty:

Anticipated Start Date: | Was the diversity toolkit used? Select

If yes, how was the diversity toolkit used?

New or Replacement Position: Select | If Replacement, list Position #:

Replacement for (Name Faculty):

FTE: | Appt: Select | *Admin B Title:

*Rank: Select | **Track: Select

Use Column A when "Rank" is known. Use Columns A & B to define salary range when "Open Rank" selected.

	A:	B:		A:		B:
Base = $	0.00	0.00	% Split:	0.00%	% Split:	0.00%
Supplement = $	0.00	0.00	% Split:	0.00%	% Split:	0.00%
VA = $	0.00	0.00	Eighths:	Select		
Research B = $	0.00	0.00	Comments			
Admin B = $	0.00	0.00				
Incentive = $	0.00	0.00				
Total Contract Salary = $	0.00	0.00				
Total Compensation = $	0.00	0.00				

**Rank above Lecturer or Assistant Professor level requires approval by SOM, OFACD via Mini Dossier (submitted two months prior to hire).*

***(OFACD Suggestion: CE Track - .20 FTE Education; Flex Track - .10 FTE Education when combined with Research Scholarly work to total .20 FTE)*

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B. Financial Support Information

Department Supporting Salary Percent*		Index:	Year 1	Year 2	Year 3	Year 4	Year 5
Dept:	Select		%	%	%	%	%
Other:			%	%	%	%	%
Other:			%	%	%	%	%
Totals for each year must equal 100%	Total		0.00 %	0.00 %	0.00 %	0.00 %	0.00 %

C. Other Required Funding

Other Departmental Funding	Index:	Year 1	Year 2	Year 3	Year 4	Year 5
FOM (Prof. dev)						
Estimated Moving Expenses (Up to $15K)						
Total		$0.00	$0.00	$0.00	$0.00	$0.00

D. Additional Funding Needs

Start Up Funds: Select If Yes, Amount: Index: Sunset Clause End Date:

Lab Space: Select If Yes, Amount: Building: Room:

Office Space: Select If Yes, Amount: Building: Room:

Capital Equipment: Select If Yes, Amount:

Personnel: Select If Yes, Complete information below:

Name:	Position Title:	Anticipated Cost:

E. Salary Support Plan

Please include additional information regarding MOUs/CTSC agreements, UH, UNMMG, other departmental agreements, etc.

F. Position Justification

The Position Justification paragraph does not substitute for the Posting Position Analysis Memo (PAM) or the Hiring Justification Memo required for processing in UNMJobs.

G. FTE Effort (not %)

	UNM	SRMC	CC	UNMMG	VA	Total
Research						0.00
Education						0.00
Admin/Service						0.00
Clinical						0.00
Contracted Labor						0.00
Totals:	0.00	0.00	0.00	0.00	0.00	0.00

H. Clinical Earnings *Note: This section is required if there is any clinical effort*

Entry:	Value:
Billings:	
Corresponding Collections:	
Less UNMMG Overhead (%):	
Less Department Overhead (%):	
Estimated 12 Month Net Amount:	
Benchmark wRVU:	
Estimated wRVU (this position)*:	

*If Estimated wRVU is less than the benchmark, please fill out the text box below to explain why the benchmark will not be reached/exceeded.

Please provide below any additional comments to support clinical earnings data.

I. Job Duties

In the text box below, detail the expected job duties for Clinical/Education Research/Administration (include practice location(s)).

J. Mentor(s) *(PRC to Hire Only)*

Mentor Name:

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CHECKLIST - SOM PRC

Department PRC Submissions

Checklist to be completed by the 2nd department reviewer (DA, Chair, etc.). 2nd Reviewer needs to sign and date at the bottom and return to HR processor for submission with PRC packet. Approval packets will not be accepted without a completed/signed checklist.

Note: Please make sure the information for the hire is **accurate across all documents** including start dates, salary amount, effort percentages and splits, names, etc.

POST INFO

Department: Select

PRC# (if known):

Candidate Name *(For PRC to Hire Only)* :

CHECKLIST

- [ ] Packet has been quality/double checked by the department, see note above.

APPROVAL PACKET (POST)

- [ ] This checklist, a completed hire checklist (PDF)
- [ ] PRC Form (PDF)
- [ ] SOM Standard Equity Grid (Excel or PDF)
- [ ] Draft AD
- [ ] Resignation/Retirement letter (if applicable)
- [ ] Other req'd docs (MOUs, contracts, etc). Please list below
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

APPROVAL PACKET (HIRE)

- [ ] This checklist, a completed hire checklist (PDF)
- [ ] PRC Form (PDF)
- [ ] Draft LOO
- [ ] SOM Standard Equity Grid (Excel or PDF)
- [ ] CV (PDF)
- [ ] PT Waiver (if applicable)
- [ ] Supplemental Retirement Form (Working Retiree Only)
- [ ] Working Retiree Hire Request Form (Working Retiree Only)
- [ ] Resignation/Retirement letter (if applicable)
- [ ] Approved PRC to Post Cover Sheet (if competitive hire)
- [ ] Other req'd docs (MOUs, contracts, etc). Please list below
- [ ]

NOTES or ADDITIONAL COMMENTS (Is there any additional relevant information?)

Regarding this request, it is relevant to know...

Department 2nd Reviewer