

DIVISION OF GENERAL INTERNAL MEDICINE

Clinical FTE Change Request

If you are interested in changing the amount of your clinical effort (clinical FTE or cFTE), please fill out this change request form in advance. Before filling out this form, please make sure you discuss your short/long-term plans in requesting a change in your clinical FTE with your clinic/service director.

After you have signed this form, please ask your clinic/service director to sign as well and then submit to your section head who will review with the division head. The division will try its best to accommodate faculty clinical FTE changes, however, any changes will be taken into consideration while balancing our need to meet the service expectations of the division and department. If reduction in cFTE is requested, there is no guarantee that additional FTE will be available at a point in the future if you should wish to increase or return to your original clinical effort (although we will make every effort to accommodate such requests). *If you have any questions regarding the FTE change process, please contact: Elena Schroeder at elenagon@uw.edu or 206-616-6710.*

Request Date:	
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Name:		Academic Title:	
Phone:		Email:	
Section:	<input type="checkbox"/> HMC <input type="checkbox"/> UWMC <input type="checkbox"/> VA	Clinic/Service:	
Current CLINICAL FTE:	%	Proposed CLINICAL FTE:	%
Other FTE (Specify)	%	Proposed Other FTE (Specify)	%
Other FTE (Specify)	%	Proposed Other FTE (Specify)	%
Other FTE (Specify)	%	Proposed Other FTE (Specify)	%
Current TOTAL FTE	%	Proposed TOTAL FTE	%
		Effective Start Date:	End Date:

Reason (state briefly the purpose of the proposed change in FTE)

Possible impact to the Division/Section/Clinic/Medical Service

Signature:		Date:
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Approvals:

Administrator		Date:
Clinic/Service Director:		Date:
Section Head:		Date:
Division Head:		Date: