

University of Miami Miller School of Medicine and UHealth Faculty/Staff Business Justification Form

Employee Type:

Transaction Type:

Effective Date:

<u>Current</u>	<u>Employee Action</u>	<u>Proposed</u>
Name:	Employee ID#:	Name:
Department Name:		Department Name:
Supervisory Organization:		Supervisory Organization:
Position #:		Position/TBA #:
Job Title:		Job Title:
Salary:		Salary:
		Salary Increase %:

<b><u>Compensation Adjustment</u></b>	Type:	Amount:	Time Period:
<b><u>Compensation Adjustment</u></b>	Type:	Amount:	Time Period:
<b><u>Visa Sponsorship Required</u></b>	Type:	Other:	Time Period:

Reason for Justification (Please explain in box below) or attach supporting document:

**Position Request**

Type:	Replacement for (Employee Name):	Position #:
Bi-Weekly Hours:	FTE:	Status:
	Position Budgeted:	Yes, TBA#
		No
Supervisory Organization:	Employee Grouping Organization:	
Space Allocation Form Approved	Building Location:	Work Space:
UM Job Title:	Recommended Salary:	Template Code (Kronos):
Recommended Rank/Track (Faculty Only):	Waiver of Posting (Faculty/Postdoctoral Associates only): Yes No	

Primary Legacy Account #:	%	Funding Period:	Account Administrator Signature:
Additional Account #:	%	Funding Period:	Account Administrator Signature:
Additional Account #:	%	Funding Period:	Account Administrator Signature:
Additional Account #:	%	Funding Period:	Account Administrator Signature:

**Required Approvals**

Initiator's Name	Initiator's Signature	Telephone Number	Date
Manager/Director (Staff Request)	Date	Department Chair (Faculty Request)	Date
		VCA/Sr. Administrator (Staff Request)	

**Medical Human Resources and Faculty Affairs Use Only**

	Comments:
Compensation Department Reviewer/Approver	Date
AVP/Senior Leader	Date
Final Approved Amount: \$	