

# Faculty Salary Benchmarking Review

*This form must be completed for all faculty hires and recommendations for salary adjustments to existing faculty, EXCEPT for one-year appointments.*

## **Completed for all:**

Name of Review Candidate: \_\_\_\_\_

Appointing Department and Division: \_\_\_\_\_

Proposed/Existing Position (rank/title): \_\_\_\_\_

Proposed/Current Expected Annual Compensation\*: \_\_\_\_\_

\*Expected annual compensation includes: base salary, all incentive payments (estimated if necessary by specific, sound methodology), and any type of annually recurring payments (such as VA portion of salary). It does not include: fringe benefits or one-time non-recurring payments.

National Benchmark Standard Used:  AAMC "All Schools"  Other (Attach table and provide justification)  
(Specify name and year) \_\_\_\_\_

\$ \_\_\_\_\_  
**25%ile Compensation**

\$ \_\_\_\_\_  
**Median Compensation**

\$ \_\_\_\_\_  
**75%ile Compensation**

### **Please check one:**

\_\_\_ The proposed expected annual compensation for this **candidate is at or below the 75%ile** for the national benchmark standard.

\_\_\_ The proposed expected annual compensation for this **candidate is above the 75%ile** for the national benchmark standard. **You must provide justification, described below.**

\_\_\_ The proposed expected annual compensation for this **candidate is below the 25%ile** for the national benchmark standard. **You must provide justification, described below.**

## **Completed for those above 75%ile or below 25%ile:**

**Justification:** (Explain in much detail as required why the proposed candidate's proposed/existing compensation is justified at the proposed level, attach other pages if needed. Also provide a copy of the proposed candidate's/existing faculty's CV. Submit to Medical Faculty Affairs who will review and forward those offers to clinical faculty that exceed 75%ile to the Office of General Counsel):

**Gender (please, check one of the boxes):** M  F

**Please, check one or more of the following ethnic and racial categories to describe yourself:**

White

Asian or Pacific Islander

Black or African American

American Indian or Alaska Native

Hispanic or Latino

Unknown

Reviewed, approved and certified to be accurate:

Chairperson's Name: \_\_\_\_\_ (Signature) \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_