

**Template for FTE Change Request:
From Faculty to Department Chair**

Print on Department Letterhead

Date

NAME, MD

Professor & Chair

Department of _____

Address

Jacksonville, FL 32209

Dear Dr. _____:

Pursuant to our recent discussion and mutual agreement, I am requesting an **increase/decrease** in my FTE from ____ FTE to ____ FTE, effective **DATE**. I understand that my salary and benefits will be **increased/decreased** proportionate to the new FTE. I also understand that any future changes in FTE must be addressed prior to the onset of the new academic year.

Thank you for your consideration and approval of this request.

Sincerely,

_____, MD

Academic Rank

Approved: _____

Professor & Chair

Linda R. Edwards, MD

Dean College of Medicine-Jacksonville