

Sample Letter: FTE Change Request—To be printed on Department Letterhead
From Faculty to Department Chair

ENTER DATE OF LETTER

_____, M.D.
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 _____. I understand that my salary and benefits will be 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,

_____, M.D.
Academic Rank

Approved: _____
_____, M.D.
Professor & Chair

Linda R. Edwards, M.D.
Dean, College of Medicine-Jacksonville