**UNIVERSITY OF PITTSBURGH PHYSICIANS / UNIVERSITY OF PITTSBURGH SoM**

## Offer Letter Cover Form

# REQUESTOR INFORMATION:

# Requestor/Contact Name: Phone Number:

# Email Address: Fax Number:

# Department/Division:

**NOTE:** This form is for informational purposes only and **WILL NOT** be used for implementing payroll setup/changes. Please submit appropriate Appointment Forms and/or signed documents.

**CANDIDATE INFORMATION:**

# Candidate’s Name: Medical Specialty:

Candidate’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Current Position (rank): Current Employer(s):

# Proposed UPP/SoM Position (rank): Proposed Length of Appointment:

Proposed Start Date:  Non-Tenure  Tenure Stream  Tenure

Reason for Hire:

New

Replacement For whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Termination Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acquisition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UPP Position Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is Position Budgeted?  Yes  No

**Pitt Position Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is Position Budgeted?  Yes  No

UPMC Cost Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Account Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Employment Status: Full-Time Part-Time  Casual  Flex Full Time *(only if PT SoM)*

If candidate will be employed casually, will they be employed at the University of Pittsburgh as well? Yes No

If yes, how much will their salary be over at the University?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Proposed (Actual) Total Work Hours:

# Proposed Clinical Effort % (should match proposed Exhibit):

**Is this candidate a US Citizen or Permanent Resident?  \_\_ yes   \_\_\_\_ no   If no, what type of work authorization will they have? (i.e., H-1B, O-1, EAD . . . )** ­­­­­­­­­­­­­­­­­­­­­­­­­

Will this candidate have privileges at a UPMC facility?  Yes  No

If yes, which facility(ies) will you be requesting privileges for? (please check the selected locations)

Childrens Hospital of Pittsburgh of UPMC UPMC Bedford

Childrens Hospital of Pittsburgh of UPMC, North UPMC St. Margaret

Childrens Hospital of Pittsburgh of UPMC, South UPMC St. Margaret Harmar Outpatient Center

Magee Womens Hospital of UPMC UPMC Horizon

UPMC Mercy UPMC McKeesport

UPMC Mercy, South Side Surgery Center UPMC Northwest

Monroeville Outpatient Center UPMC Passavant and Passavant Cranberry

UPMC Presbyterian UPMC Shadyside

UPMC Presbyterian South Surgery Center UPMC Hamot

UPMC East

Will this candidate be employed within multiple UPMC entities concurrently (e.g. GME and UPP)?  Yes  No**UNIVERSITY OF PITTSBURGH PHYSICIANS / UNIVERSITY OF PITTSBURGH SoM**

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**CANDIDATE’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAY CATEGORY**  UPP Only  A  C\*  Z\*\* - Non-ACGME Fellow  T (T-32)

***Pay Category C Candidates:***

* *You must list all active grant support which will be transferred to the University of Pittsburgh. Include base salary support for the proposed faculty member.*
* *You must list all pending grant support and outline a timeframe for anticipated grant support (including percent of base salary to be funded) for all years of the initial appointment (i.e. Year 1, Year 2, Year 3, etc.)*

***Pay Category Z Canidates (Non-ACGME Fellows):***

* *All Non-ACGME Fellows* ***must receive a letter or certification*** *for the additional training they will receive during their fellowship in order to be classified as a Non-ACGME and receive the 50% discount from MCare.*
* *You must answer “Yes” to at least one of the following questions: (circle one)*
  + *Is there a formal match with a specialty society accredited Program? Yes No*
  + *Are Board Certifications offered without a corresponding ACGME program? Yes No*
  + *Are the formal educational requirements or competency training that must be*

*reported at the completion of the program? Yes No*

* + *Is there a formal or informal evaluation process of the physician? Yes No*

**\*\*\*Pre-Offer Malpractice Screening Requirement\*\*\***

**Check box to the right certifying that the Pre-Offer Malpractice History Review was completed for this candidate**

**PLEASE ATTACH COPY OF NPDB APPROVAL E-MAIL**

**Was a claims history reported/identified during the Pre-Offer Malpractice History Review process?** Yes No

*\*If yes, you must submit a copy of the completed screening form with the offer letter packet.* N/A

**Check box if a review wasn’t required due to candidate already covered by Tri-Century Insurance**

REFERENCE CHECKS:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­\_\_\_\_\_\_\_\_\_ Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­\_\_\_\_\_\_\_\_\_ Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­\_\_\_\_\_\_\_\_\_ Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPOSED COMPENSATION: Dep’t. Admin. Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SoM Base: Reviewed by Physician Services:

UPP Base: *Finance Approval:*

VAMC Base: *Contract Administrator:*

Total Base:

SoM Incentive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SoM Administrative Supplement:

UPP Incentive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UPP Supplement: Sent to Dean’s Office for Approval: N/A

UPP Administrative Supplement: Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Rev 01/12/17**

Total Proposed Compensation: Date Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| PLEASE DELIVER ALL NON-UPP OFFER LETTERS TO:  UNIVERSITY OF PITTSBURGH  DIANE HUCHBER  441 SCAIFE HALL  PHONE: 648-3218 FAX: 648-3222 | PLEASE DELIVER ALL UPP OFFER LETTERS TO:  PHYSICIAN SERVICES  CONTRACT ADMINSTRATION  9035 FORBES TOWER  DONA SAVKA - PHONE: 412-802-8257 FAX: 647-2039 |