

# UNIVERSITY OF PITTSBURGH PHYSICIANS / UNIVERSITY OF PITTSBURGH SOM

## Offer Letter Cover Form

Requestor/Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Department/Division: \_\_\_\_\_ Candidate's Name: \_\_\_\_\_  
 Current Position (rank): \_\_\_\_\_ Current Employer(s): \_\_\_\_\_  
 Proposed UPP/SoM Position (rank): \_\_\_\_\_ Proposed Length of Appointment: \_\_\_\_\_  
 Proposed Start Date: \_\_\_\_\_  Non-Tenure  Tenure Stream  Tenure  
 Position Type  New  Replacement Name of Person being replaced: \_\_\_\_\_  
 Position Number: \_\_\_\_\_ Is Position Budgeted?  Yes  No  
 UPMC Cost Center \_\_\_\_\_ Is this a Non-ACGME Position?  Yes  No  
 USCIS Work Eligibility \_\_\_\_\_ If not a US Citizen, Immigration Council review (will be procured by UPP) \_\_\_\_\_

**PAY CATEGORIES**

UPP Only  Category A  Category B  Category C\*  Category Z\*\*

\* Please list all active grant support which will be transferred to the University of Pittsburgh. Include base salary support for the proposed faculty member.  
 \*\*Please list all pending grant support and outline timeline for anticipated grant support (include percentage of base salary to be funded) for all years of the initial appointment (Year 1, Year 2, Year 3, etc).

**Is there a formal match with a specialty-society accredited program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
**Are Board certifications offered without a corresponding ACGME program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
**Are there formal educational requirements or competency training that must be reported at the completion of the program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
**Is there a formal evaluation process of the physician?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
**Is the Program Director attesting in any form (letter, certificate, etc) to additional training for any employed physician?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**NOTE: If this physician's employment eligibility is via a J1, F1 or F2 visa status, this physician is not employment eligible within UPP. Employment for this physician MUST be through the GME program.**

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

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

**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 the box, if a review wasn't required due to the physician already being covered by Tri-Century Insurance**

**Proposed Compensation:**

SoM Base: \_\_\_\_\_  
 UPP Base: \_\_\_\_\_  
 VAMC Base: \_\_\_\_\_  
 Total Base: \_\_\_\_\_  
 SoM Incentive \_\_\_\_\_  
 SoM Administrative Supplement: \_\_\_\_\_  
 UPP Incentive: \_\_\_\_\_  
 UPP Supplement: \_\_\_\_\_  
 UPP Administrative Supplement: \_\_\_\_\_

**Reviewed by UPP Administration & Physician Relations:**

Contract Administrator: \_\_\_\_\_  
 Director, Physician Compensation: \_\_\_\_\_  
 VP, Administrative Services and Physician Relations: \_\_\_\_\_  
 (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Total Proposed Compensation:** \_\_\_\_\_

**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:**

UPP OFFICE OF THE VICE PRESIDENT,  
 ADMINISTRATION AND PHYSICIAN RELATIONS  
 BETH ZNIDARSIC – EXECUTIVE ASSISTANT  
 9035 FORBES TOWER  
 PHONE: 647-8166 FAX: 647-2039