

CODING SHEET FOR NEW FACULTY AND/OR A&P

- 1) Social Security Number _____
- 2) Name (Last, First, Initial) (ex. Shands, Jr., John W.) _____
- 3) Sex _____
- 4) Birth Date (month, day, year) _____
- 5) Race _____
- 6) Category _____
- 7) Status/Begin Date _____
- 8) Current Employment beginning date (month, day, year) _____
- 9) Employment date with the College of Medicine _____
- 10) Employment date with UF _____
- 11) Occupation Code _____
- 12) Department and Division to which assigned
-Joint Appointment (if applicable) _____
- 13) Campus Box # _____
Campus Phone # _____
- 14) Citizenship (USA Citizenship = 101) _____
- 15) Visa Type, Issue, and Expiration Date _____
- 16) Marital Status (M or S) _____
- 17) Full-time (F) or Part-time (P).
If Part-time, include percentage _____
- 18) Practice Privileges (Y or N) (Faculty Only) _____
- 19) AEF (Y or N) If yes, indicate Department _____
- 20) Fringe (Y or N) If Yes, indicate Department _____
- 21) ECFMG # and Date _____

22) Degree _____

23) Field _____

24) School _____

25) Graduation Date _____

26) Board Cert. # (Faculty Only) _____
Date Issued _____

27) License # (List Florida First) _____
State _____
Issued _____
Expires _____

28) Tenure Code (Also list date begin if "2" or above)
Faculty Only _____

29) Previous Service (# years) (Faculty Only) _____

30) Non-compete clause included in letter of offer (Y or N) _____

31) Salary

A. UF Salary _____
FTE _____
Effective Date _____

B. AEF Salary (Faculty Only) _____
Effective Date _____

C. VA Salary (Faculty Only) _____
FTE (# of 8's at VA) _____
Effective Date _____
Appt. Begin Date _____

32) Local Address – (01) _____

33) Local Telephone # _____