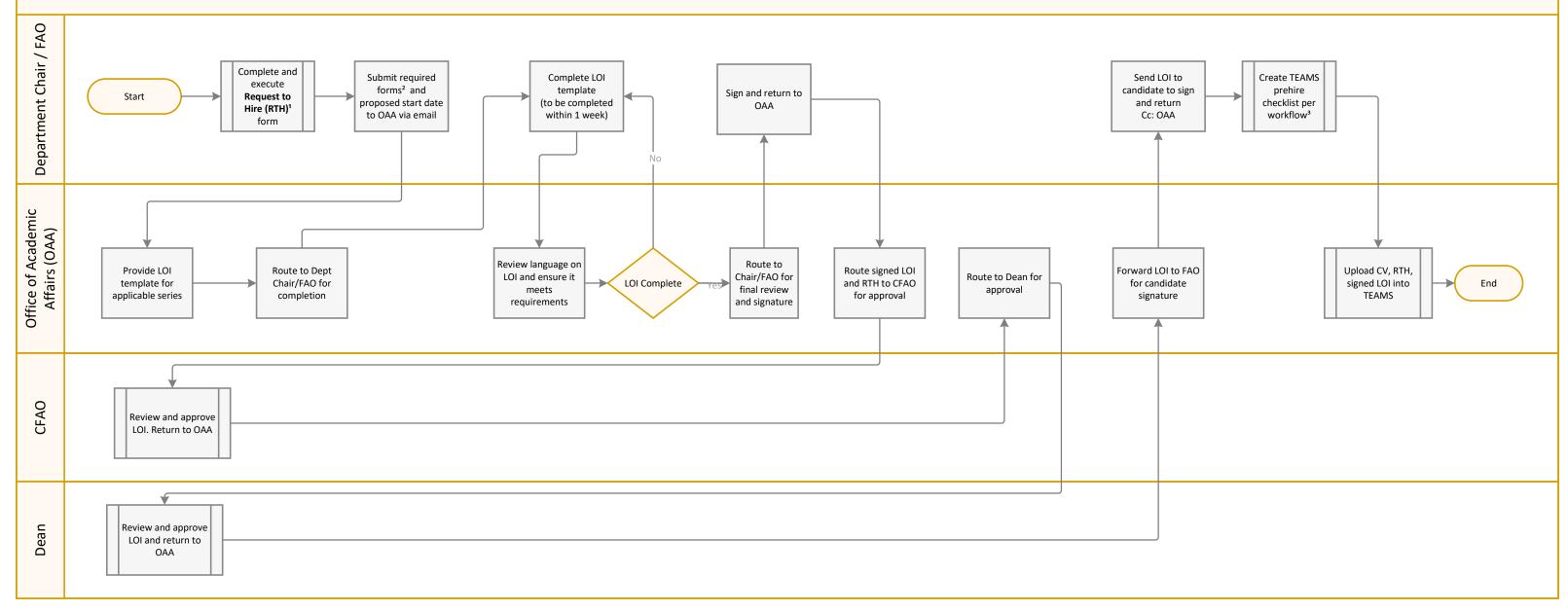
Letter of Intent (LOI) Process

Purpose: The purpose of this process is to outline the requirements and responsibilities for processing a Letter of Intent (LOI).



Notes:



¹See page 2 & 3 for forms

² Profoma – is required for Clinical new hires only. Request to Hire (RTH) – is required for both Senate and Clinical new hires

³ Document can be found on the Process Improvement SharePoint site: https://medsch2.sharepoint.com/sites/PID/Shared%20Documents/Forms/

AllItems.aspx?id=%2Fsites%2FPID%2FShared%20Documents%2FAcademic%20Pre%2DHire%20and%20On%2DBoarding&viewid=b0bb3259%2D5624%2D46bd%2D9669%2D8928c3a0b4d7

Letter of Intent (LOI) Process

	REQUEST TO HI	RE FORM			
	HS CLINICAL F	ACULTY			
Department Name:		Date Prepared:		,	
Program:	Proposed Start Date:				
Specialty:		Candidate Name:			
Position: Faplacement	New Other	Funding Source(s) for	Source	Amount	
(if replacement anather, please specify) Primary Practice Location:		(Please previde information on the anticipated agreements prevenue reserve.)			
Anticipated Percent Effort Distribution by Mission		Brief Synopsis:	Total		
	0.00%	Dr. Garcia is replacing Dr. Nihira at 100% clinical			
PLEASE ATTACH: 3	Year Clinical Proforma; 2	TAICINIA and AANIC Salary	Elenchmarks		
Miscellaneous Expenses Relocation expenses Furniture, keys Computer and/or Telephone Lab coats, academic cards, Fix pads	FAU	Space Requirements Location (Bldg, Floor, Rr Silver Oaks New			
Patient appointment cards Other (please specify)		Additional Comments: Computer use is in clinic area. Appointment cards will be Health Science FAU			
Signitures and Approvals /silappro	ovals must be obtained prior	to initiating hiring process).			
Requested by (FAO)	Date				
Department Chair	Date	Chief Finance & Ad Maria Aldana	dministrative Off	Date	
Donald W. Larsen, MD, MBA, MHA, FACI Date CEO, UCR Health		Deborah Deas, MD, MPH Date Vice Chancellor, Health Sciences Dean, School of Medicine			
Finance and Administration Office Use Or THS: FAU (*)	aly:	CEO, Clinical Affai	rs		

Note: Editable version of this form can be found on the Process Improvement SharePoint site: https://medsch2.sharepoint.com/sites/PID/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FPID%2FShared%20Documents%2FAcademic%20Affairs&viewid=b0bb3259%2D5624%2D46bd%2D9669%2D8928c3a0b4d7



Letter of Intent (LOI) Process

	1	REQUEST 1	O HIR	E FORM		
RESEARCE		Annual Control of the		ITHOUT CLINICA	L EFFORT	
Department Name:				Date Prepared:		
Candidate Name:				Proposed Start Date:		
Proposed Rank:				Proposed Step:		
Position:	Replacement New Other			Position Type:	☐ Ladder Rank ☐ No	n-Ladder Rank
(if replacement or other, please speci	1000	3636				
		Funding	Source	Amount X	Amount X'	Amount Y
		Source(s) for				
					Total:	50
					Total:	50
Anticipated Percent Effort Distr	ibution by Mi	ission appropria	te to ladd	er rank		
Admin				APU Scale		ì
Teaching, Research, Service				Aro scale		
Total Effort	100.00%					
Miscellaneous Expenses	FAU			Space Requirements		
Relocation expenses				Location (Bldg, Floor, Rm	<u> </u>	
Furniture, keys				New Existing		
Computer and/or Telephone		Ì		Other Space Needs:		
Other (please specify)				Additional Comments:		
_						
Approvals						
Requested by (FAO)		Date		Chief Finance & Admin	istrative Officer	Date
				Maria Aldana		
Division or Department Chair		Date		Deborah Deas, MD, MF	PH	Date
7/4				Vice Chancellor, Health	Sciences	
				Dean, School of Medici	ne	
				CEO, Clinical Affairs		

Note: Editable version of this form can be found on the Process Improvement SharePoint site: https://medsch2.sharepoint.com/sites/PID/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FPID%2FShared%20Documents%2FAcademic%20Affairs&viewid=b0bb3259%2D5624%2D46bd%2D9669%2D8928c3a0b4d7

