OSF Contract Development Request Form

University of Illinois
College of Medicine at Peoria

UICOMP Dept./Section: _____
Position/Title: _____
Name *(if known)*: _____

1. Type of Agreement: ☐ **Contract**, *or* ☐ **Letter of Agreement**

2. Status: ☐ **New Agreement**, *or* ☐ **Revision Replacing #**_____

3. FTE for this agreement: _____ **This agreement will be for** ____ **hours/week or** _____ **hours/year**
Include job description with service hours or percent of time.

4. Total appointment percentage for this Faculty/Staff: ☐ **>=50%** ☐ **<50%** *(consider all lines/positions)*

5. Agreement Start Date: _____
Agreement Ending Date: _____, *or*
Agreement Review Date: _____

6. Billing Frequency: ☐ **Month** ☐ **Quarter** ☐ **Semi-Annual** ☐ **Annual** ☐ **One-Time**

7. Billing Method: ☐ **Fixed Price** ☐ **Performance Based**

8. Agreement Total Amount = $_____

9. Breakdown:

Salary	_____
Benefits	_____
Risk	_____
Expenses	_____
O&A	0

10. Narrative (*include metrics for performance based agreements*)

11. OSFMC Division *(print)*: _____
Funding Authority *(sign)*: _____ **Date:** _____
OSFMC - CMO *(sign)*: _____ **Date:** _____

12. OSFMC Cost Center
_____
_____

13. UICOMP Dept. Head/Chair *(print)*: _____
Dept. Head/Chair *(sign)*: _____ **Date:** _____

14. University CFOP(s)
_____
_____

15. Return this form, with job description and any other attachments (ie: letter of offer, etc.) to:

UICOM-P, Administrative Affairs
Attn: Carla Stokes
One Illini Drive
Peoria, IL 61605

16. Dean's office Signature: _____ **Date:** _____

17. Admin Affairs Signature: _____ **Date:** _____

Revised 03-23-2018