

CLINICIAN SCIENTIST AWARD
EFFORT AND SALARY PLANNING SHEET

| | | | |
|---|-----------------------------|-----------------|--|
| Candidate Name: _____ Last, First | | | |
| Proposed Period _____ / _____ / _____ to _____ / _____ / _____ | | | |
| | Sponsor or Account # | % Effort | Salary \$ Amt <i>(w/o fringe benefits)</i> |
| Clinical | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| Clinical Total | | | |
| Research <small>(list funded grant & contract effort in addition to CSA)</small> | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| Research Total | | | |
| Other <small>(incl. Teaching)</small> | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| Other Total | | | |
| TOTAL | | | |

Date: _____ / _____ / _____

Signature of Department Director **

* Research effort must be 75%

** Department Director signature required