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**Faculty Clarification/Rebuttal**

**TTUHSC SOM Faculty Summary Report and Confirmation**

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| --- | --- |
| **Fiscal Year:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Name** |  | **Campus** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** |  | **FTE %** |  |

**Workload Information** *(Enter the % Effort for each – Percentages must equal 100%)*

|  |  |  |  |
| --- | --- | --- | --- |
| Teaching | Scholarship/Research | Clinical Service | Academically-RelatedPublic Service |
|  |  |  |  |

***Please describe below your comments regarding your meeting with the Chair and the review of your Faculty Summary Report and Confirmation. You may include information regarding any of the following areas: Faculty Development Activities Attended, Awards and Honor, Innovations, Teaching, Scholarship, Clinical Service, Academically-Related Public Service.***

## *We have read and discussed the above:*

Faculty Signature Chair/Regional Chair Signature Date

***\*This form should be retained by the Campus Department Chair with a copy to the faculty member and the Office of Faculty Affairs and Development.***