

CAPCSD Salary Survey: Faculty/Instructional-Staff Worksheet

COMPLETE FORM FOR EACH FACULTY/INSTRUCTIONAL STAFF MEMBER

1. Name: _____ **Faculty Numerical Designator :** _____

2. Gender: Male Female Unable to report/Information unavailable

3. Date of Birth: (Optional) _____ mm/dd/yyyy

4. Race: Select all that apply

American Indian or Alaska Native Native Hawaiian or other Pacific islander Asian
 White Black or African American Unable to report/Information unavailable

5. Ethnicity: Hispanic or Latino Not Hispanic or Latino Unable to report/Information unavailable

6. Employment Status: Full-Time Part-Time

7. Tenure/Promotion

ITEMS FOR ACADEMIC FACULTY	ITEMS FOR CLINICAL FACULTY
<p>7. What is this faculty member's tenure status?</p> <input type="checkbox"/> Non-tenured and not on a tenure track <input type="checkbox"/> Non-tenured and on a tenure track <input type="checkbox"/> Tenured Provide date tenure status was granted _____ mm/dd/yyyy	<p>7a . Which best describes this faculty/staff member's duties?</p> <input type="checkbox"/> Clinical Director <input type="checkbox"/> Clinical Supervisor <input type="checkbox"/> Clinical - Other
	<p>7b. Is there a promotional ladder for this faculty/staff member?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to report/Information unavailable
	<p>7c. What is this faculty member's tenure status?</p> <input type="checkbox"/> Non-tenured and not on a tenure track <input type="checkbox"/> Non-tenured and on a tenure track <input type="checkbox"/> Tenured Provide date tenure status was granted _____ mm/dd/yyyy

8. Academic rank:

Adjunct Lecturer Instructor
 Assistant professor Associate Professor Full Professor
 Emeritus Other – Specify _____

9. As of the (Academic Year Fall 2008 – Summer 2009) academic year, how many complete, continuous academic years has this faculty member been at his/her **CURRENT ACADEMIC RANK** (across all institutions at which she/he may have been employed)? Round to the nearest year (optional) _____ years

10. Primary professional area of focus of faculty member:

Audiology/Hearing Science Speech-Language Pathology/Speech-Language Science Both Other – not CSD

11. Highest academic degree earned:

Bachelor's Clinical master's (audiology) Clinical masters (SLP/SLS) Research master's
 Educational specialist Clinical doctorate (audiology) Clinical doctorate (SLP/SLS) Research doctorate
 Other – Specify _____

Note: Find Faculty Numerical Designator on top of sheet

12. What is the faculty member's annual % FTE: _____ % FTE

NOTE: if your institution defines fulltime as 40 hours per week, a faculty member working 27 hrs would be $27 \div 40 = 68\%$ FTE. Round to the nearest whole-number.

13. Indicate the **number of months over which this faculty/staff member's base annual salary is contacted.**
 _____ months (e.g., 9 month; 10 month; 12 month)

14. What is this **faculty member's base salary** per contracted period of employment? Round to the nearest dollar, and do not include any auxiliary or augmented income. Enter "0" if none. \$ _____

15. How much does this faculty/staff member receive in **augmented salary**? \$ _____

16. For what **time frame of activity is the augment provided**? Indicate the number of months over which this faculty/staff member receives an augmented salary. _____ months