**UCLA ENROLLMENT COMMITTEE FINANCIAL DOCUMENTATION**

**LETTER OF FINANCIAL SUPPORT FOR COMPLEMENT INCREASE**

**Please use your letterhead**

Graduate Medical Education Enrollment Committee

GME Office, CHS 14-177

*RE: Request for* ***Permanent (OR TEMPORARY)*** *Resident/Fellow Complement Increase for* ***PROGRAM NAME.***

Dear Committee Members,

Please accept this letter as confirmation that the department is in full support of this request for a **permanent/or temporary** ***(if temporary, please specify duration of increase)*** complement increase. This increase request is submitted on behalf of the program director, Dr. **PROGRAM DIRECTOR NAME.**

Ourtraining program is seeking this increase to… **Describe Brief Educational Rationale for Request.**

The **Department/Division of NAME** will support the additional funding costs associated with the total complement increase. The source(s) for the funding are documented in the table below.

**Specify Source(s), Account Number(s) and Specific Revenue Source(s), and percentage covered by each source.**

|  |  |  |
| --- | --- | --- |
| **Funding Sources** | **Account Numbers or****Specific Revenue Source** | **%** |
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Ongoing approval for this program is contingent upon continued availability of funding. Should the source of funding cease in the future, we understand that this approval may be rescinded. In this event, the department remains responsible to support individuals in the process of completing their training, in accordance with ACGME requirements.

Please contact **PROGRAM DIRECTOR NAME** for any additional information or details in support of this request at…**PROGRAM DIRECTOR PHONE & EMAIL.**

Sincerely,

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| --- | --- | --- |
| **(Signature, Department Chair)** | **(Signature, Program Director)** | **(Signature, Chief Financial Officer)** |