

Frederick P. Whiddon College of Medicine Faculty Action Request Form

NAME: _____ **Degree:** _____
Last First Middle M.D., D.O., Ph.D. or other (specify)

PRIMARY DEPARTMENT: _____ **SECONDARY DEPARTMENT:** _____
Joint appointments only

PRESENT ACADEMIC TRACK:	PRESENT TENURE STATUS:	PRESENT RANK:
None (New Appointment) Appointed prior to 8/2004 Investigator Educator Clinician Adjunct	Tenure-accruing Tenured Non-tenure	Lecturer Instructor Assistant Professor Associate Professor Professor

APPOINTMENT ACTION REQUEST (Check all applicable)	EFFECTIVE DATE:
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- New academic appointment ¹⁻¹⁰
- New joint appointment ⁴⁻⁵
- New adjunct appointment ⁴⁻⁶
- New paid adjunct appointment ^{4-6, 9}
- Request for promotion and/or tenure ¹¹
- Transfer department for primary appointment ^{4, 12}
- Change academic track ^{4,12}

Comments:

Required Documents for Complete Faculty File:

- ¹ Authorization for Faculty Recruitment
- ² Affirmative Action Report
- ³ Letter of offer
- ⁴ Chair's recommendation letter
- ⁵ Current curriculum vitae
- ⁶ USA Employment Application
- ⁷ Letters of reference (three)
- ⁸ Official transcripts of undergraduate/graduate work issued to university
- ⁹ Signed Physician Employment Agreement (clinical)
- ¹⁰ Background Investigation Form (NOT required for physicians, as this is part of credentialing)
- ¹¹ Request packet for promotion and/or tenure
- ¹² Letter from faculty member

REQUESTED APPOINTMENT – CHECK ONE	REQUESTED RANK – CHECK ONE								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Investigator</td> <td style="width: 50%;">With tenure Tenure-accruing Non-tenure</td> </tr> <tr> <td>Educator</td> <td>With tenure Tenure-accruing Non-tenure</td> </tr> <tr> <td>Clinician</td> <td>Non-tenure</td> </tr> <tr> <td>Other</td> <td>Joint Adjunct</td> </tr> </table>	Investigator	With tenure Tenure-accruing Non-tenure	Educator	With tenure Tenure-accruing Non-tenure	Clinician	Non-tenure	Other	Joint Adjunct	Lecturer Instructor Assistant Professor Associate Professor Professor
Investigator	With tenure Tenure-accruing Non-tenure								
Educator	With tenure Tenure-accruing Non-tenure								
Clinician	Non-tenure								
Other	Joint Adjunct								

REQUEST FOR NON-REAPPOINTMENT OR TERMINATION	EFFECTIVE DATE:
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Attach chair's letter for approval (letter must be approved before it can be issued to faculty member)

REQUIRED SIGNATURES

Chair, Primary Department Date _____

Chair, Secondary Department Date _____