

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)	Tenure-accruing	Lecturer
Appointed prior to 8/2004	Tenured	Instructor
Investigator	Non-tenure	Assistant Professor
Educator		Associate Professor
Clinician		Professor
Adjunct		

APPOINTMENT ACTION REQUEST (Check all applicable)	EFFECTIVE DATE:
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New academic appointment¹⁻¹⁰
 New joint appointment⁴⁻⁵
 New adjunct appointment⁴⁻⁶
 New paid adjunct appointment^{4-6, 9}
 Request for promotion and/or tenure¹¹
 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 Applicant Data 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
Investigator	With tenure Tenure-accruing Non-tenure	Lecturer Instructor Assistant Professor Associate Professor Professor
Educator	With tenure Tenure-accruing Non-tenure	
Clinician	Non-tenure Tenure-accruing	
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