

## 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:
---	-----------------

- New academic appointment <sup>1-10</sup>
- New joint appointment <sup>4-5</sup>
- New adjunct appointment <sup>4-6</sup>
- New paid adjunct appointment <sup>4-6, 9</sup>
- Request for promotion and/or tenure <sup>11</sup>
- Transfer department for primary appointment <sup>4, 12</sup>
- Change academic track <sup>4,12</sup>

Comments:

Required Documents for Complete Faculty File:

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

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