

FACULTY APPOINTMENT DEPARTMENT RECOMMENDATION FORM

Check one: Primary Appointment Secondary Appointment Tertiary Appointment Joint Appointment

Academic Information

Academic Appointment for (Name):		
Academic Title:	Status:	Track:
Primary Department:	Division:	
Secondary Department:	Division:	
Tertiary Department:	Division:	
Appointment Effective Date:	Payroll:	EZ ID:

Office Address

Institution:		
Street Address:	Building:	Room #:
City:	State:	Zip Code:
Email:	Telephone:	
Clinical Title:	Start Date (MM/DD/YYYY):	
Primary Hospital Affiliation (MMC):	Start Date (MM/DD/YYYY):	
Other Hospital Affiliation (MHS):	Start Date (MM/DD/YYYY):	
Other Hospital Affiliation (Non-MHS):	Start Date (MM/DD/YYYY):	

Recommended By

Course Director Name:	Course/Clerkship:
Signature:	Date:

Einstein University Chair:	Primary Department:
Signature:	Date:

Einstein University Chair:	Secondary Department:
Signature:	Date:

Einstein University Chair:	Tertiary Department:
Signature:	Date:

Please send this completed and signed Faculty Appointment Department Recommendation Form, along with the documents listed below to the Office of Academic Appointments, Belfer Building, Room #902:

- The completed and signed Faculty Appointment Application (with required documents).
- For Einstein salaried faculty, a copy of the signed letter of commitment from the departmental chair(s) to the prospective faculty member.

Under no circumstances should an individual use his or her proposed title until such title is approved in writing