

FACULTY APPOINTMENT DEPARTMENT RECOMMENDATION FORM

Check one: Primary Appointment Secondary Appointment Joint Appointment

Academic Data

Academic Appointment for (Name):		
Academic Title:	Status:	Track:
Primary Department:	Division:	
Secondary Department:	Division:	
Tertiary Department:	Division:	
Appointment Effective Date:	Payroll Source:	If part-time, average # of hours per week:

Office Address

Institution:		
Street Address:	Building:	Room #:
City:	State:	Zip Code:
Country:	Email:	
Telephone:	Fax:	

Recommended By

Primary Department:	Chair Name:
Signature:	Date:
Secondary Department:	Chair Name:
Signature:	Date:
Tertiary Department:	Chair Name:
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).
- A letter of recommendation from the department chair(s) stating that the recommendation has been reviewed by the departmental review committee.
- For Einstein salaried faculty, a copy of the signed letter of commitment from the departmental chair(s) to the prospective faculty member.
- Copy of Faculty Appointment Criteria signed by candidate (applicable for clinical departments only).

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