

## 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 #1202:**

- 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.***