

Request for
DEAN'S APPROVAL OF A CONDITIONAL FACULTY APPOINTMENT

Case Western Reserve University School of Medicine
All materials to: Office of Faculty Affairs and Human Resources
School of Medicine, W171, location code 4915
Fax: 216/368-3013

MS Word Export To Multiple PDF Files Software - Please purchase license.

Name of Nominee: _____

Chair making request: _____

Clinical Department: _____

Title of clinical position to be filled: _____

Detailed description of the exceptional circumstance and urgent clinical need generating the proposed appointment:

Statement of sources and amount of salary and other support (please note – any and all salary and benefits to be paid a Conditional Faculty member must be paid through non-University funds and budgets.)

Please attach the candidate's Offer Letter for Conditional Faculty Appointment, curriculum vitae and any other supporting material.