

# Faculty Affairs School of Medicine Faculty Data Report Request

Please submit all materials to: FacAffairs@case.edu

Requester Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requester Office (CWRU or Hospital Department): \_\_\_\_\_

Requester CWRU ID (N/A if you do not have one yet): \_\_\_\_\_

Best Contact Email for follow up: \_\_\_\_\_

Direct Phone (please include extension): \_\_\_\_\_

Title of Request: \_\_\_\_\_

Reason for Request:

\_\_\_\_\_

Request (please be as detailed as possible)\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific data fields needed (i.e. Faculty Status, Rank, Dates):

\_\_\_\_\_  
\_\_\_\_\_

\*Please note that a simple request takes the office around three weeks to complete, a more complex request may require up to several months to complete. All reports will be sent in Excel format.

Priority:

Low - Three Week Lead time

Medium

Important

Urgent - Please call Katie Nogrady at (216) 368-0094

Date Needed by: \_\_\_\_\_