

**TEMPORARY SPECIAL FACULTY APPOINTMENT CHECKLIST**

**Case Western Reserve University School of Medicine**

**Submit all materials to: [somFacultyApptMaterials@case.edu](mailto:somFacultyApptMaterials@case.edu)**

**Forms, templates, and more detail: <https://case.edu/medicine/faculty-staff/faculty-affairs>**

*Temporary Faculty Appointments will always include a prefix. (adjunct, clinical, visiting)*

Candidate: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Proposed Rank: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Dept/Division.: \_\_\_\_\_ Loc: \_\_\_\_\_ Operating Budget #: \_\_\_\_\_

On Case payroll: \_\_\_\_ Y \_\_\_\_ N Birth date: \_\_\_\_\_

Sex: \_\_\_\_ F \_\_\_\_ M \_\_\_\_ Other ( \_\_\_\_\_ )

Home address and phone number: \_\_\_\_\_  
\_\_\_\_\_

Office address and phone number: \_\_\_\_\_  
\_\_\_\_\_

Non-Case email address: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

Previous CWRU Affiliation (i.e. \_\_\_\_\_  
CWRU ID, CWRU Email)

Description of appointment (please describe the nominee’s anticipated activities on behalf of the department, how many hours of service annually the nominee will provide, and the location (hospital or otherwise) at which the service will be provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Checklist**

**(see Faculty Appointments, Promotions and Tenure Procedures Manual for more detail)**

- Candidate’s *curriculum vitae* and bibliography

\_\_\_\_\_  
*I acknowledge this access is temporary and a complete full time or part time faculty appointment application will be submitted to Faculty Affairs within six months.*

\_\_\_\_\_  
Department Chair's Signature

\_\_\_\_\_  
Date