

Appendix O: Faculty Appointment

Departing Faculty Name: _____

Department and Location: _____

Date of Departure: _____

Responsible Person: Departing Faculty Member, Department
Chair/Administrator, and Faculty Affairs

New Email Address: _____

New Phone Number: _____

Forwarding Address: _____

Will the faculty continue to be involved with CWRU after the departure if any of the following ways:

[Maintaining Part Time Appointment](#) (please work with your department to submit a case in Interfolio)

[Transferring to other CWRU Affiliate Location](#) (University Hospitals, VA, MetroHealth, Cleveland Clinic, CWRU School of Medicine) (please work with your new department to submit a transfer request in Interfolio)

[Emeritus](#) (please work with your department to ensure you meet the requirements and submit a case in Interfolio)

None – faculty appointment will end

Faculty Member Signature: _____ Date: _____

Department Administrator Name: _____

Department Administrator Signature: _____ Date: _____

Appendix O is to be returned as part of the completed Faculty Member Departure Packet and The Office for Faculty Affairs (facaaffrs@case.edu).

***Appendix O – Faculty Appointment
CWRU Faculty Departure Checklist
(Confidential and Proprietary)
Effective Date: 9/2/2025***