



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Faculty Appointment Effective Date Change Request

Primary Department:

**Faculty Member Last/
FamilyName:**

(legal name used for payroll)

**Given/First Name,
Middle Initial:**

Original effective date requested:

Revised effective date:

Revised end date:

(if applicable)

Reason for effective date change:

****The effective date on any previously approved FAIS is now null & void.**

Acknowledged:

Faculty member signature
(or provide other documentation of acknowledgement)

Date

Requested:

Department Chairperson or Designee

Date

OAA only below this line

Approved:

Dean or Designee

Date