



Faculty Appointment Effective Date Change Request

Primary Department: _____

Faculty Member
Last Name: _____ **First Name, MI:** _____
(legal name used for payroll)

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 (or other documentation of acknowledgement)

Requested: _____
Department Chairperson _____
Date

Approved: _____
Dean or Designee _____
Date