



# 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**