

School of Medicine Waiver Option for Joint WOS Appointment in a Secondary Department

NAME _____ PRIMARY DEPARTMENT: _____

<u>PRESENT STATUS -- Primary Department</u>	<u>WOS APPOINTMENT STATUS</u>
Rank and Step:	Secondary Department:
Salary Rate: 9/11	*Effective Dates of Waiver:
Years at Rank: Years at Step:	*Maximum of 3 years

Please attach an updated Employment History Record and Vote Page addressing the request for waiver from the Secondary Department.

CANDIDATE'S AGREEMENT:

- 1) I agree to waive consideration by the secondary department of any academic personnel actions involving me.
- 2) I also waive the right to participate in and the right to vote on academic personnel matters in the secondary department so long as the waiver of the department's participation in my own academic personnel review is in effect.

Signature Date

Primary Department Chair: _____
Signature Date

Secondary Department Chair: _____
Signature Date

Primary Dean's Final Approval: _____
Signature Date

Secondary Dean's Final Approval: _____
(if applicable) Signature Date