

SCHOOL OF PUBLIC HEALTH WAIVER OPTION FOR JOINT WOS APPOINTMENT
 IN A SECONDARY DEPARTMENT
 (Regular Professor, Adjunct Professor
 Professor-In-Residence, and Acting Professor Series)

Name _____ Primary Department _____
 (Last, First, MI)

PRESENT STATUS: Rank & Step: Salary Rate: Years at Rank: Years at Step:	PROPOSED WOS APPOINTMENT STATUS: Secondary Dept: Effective Dates: * 7/1/ to 6/30/ * Maximum of 3 years
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ATTACHED ARE:

1. Employment History Record
2. Vote Pages (in instances where votes are required):
 First vote addressing the joint appointment action
 Second vote addressing the request for waiver.
3. Recommendation from each Department Chair

CANDIDATE 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.

Candidate Signature: _____ Date: _____

Primary Department Chair: _____ Date: _____

Secondary Department Chair: _____ Date: _____

Dean's Final Approval (Primary): _____ Date: _____

Dean's Final Approval (Secondary): _____ Date: _____