



School of Medicine

FTA FACULTY ASSIGNMENT		
Last Name	First Name:	Middle Name:
PRIMARY OFFICE ADDRESS		
Street Address:		
City, State, Zip		
Office Phone:		
PEAEMPL <i>(Leave Blank if a WSU Paid Assignment Exists)</i>		
E-Class: VO	Home Department H06 <input type="text"/>	Check Distribution: <i>(Use the distribution of the Dept. even though they don't receive a check)</i> HC6 <input type="text"/>
SCD: 06		
PEAFAC		
Primary Activity:	Primary Discipline:	Appointment Begin Date:
Secondary Department:		Tertiary Department:
APPOINTMENTS		
Appointment Start/Begin Date:	Next Review Date:	Primary Affiliate:
Rank:	Rank Effective Date:	
ORIGINATOR		
Name:	Dept. Name:	
Phone:	Date:	
<hr/> Executive Officer / Dean / Director or Designee & Date		<hr/> Office of Faculty Affairs Designee & Date <hr/> Data Entry Operator / Date

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