



School of Medicine

FTA/Voluntary Appointment Request to Terminate

Personnel Information		
Banner ID	Name (Last, First, Middle Initial)	
WSU SOM Department	Rank & Title	
Affiliate Organization	Requested Termination Date	
Reason for Termination Request		
Board Certification Not Obtained	Retirement	
Medical License Suspended/Lapsed	Resignation	
Medical License Expired	Inactivity (months years)
End-of-Program/Assignment	Death (Date)	
Termination for Cause	Obituary/Death Notice Available	
Comments:		
Originator		
Name	Department Name	
Telephone	Date	
Signatures		
Department Chair Name	Signature	Date
MedEd Representative Name*	Signature	Last Date Faculty Taught
Dean or Designee Name	Signature	Date
To be Completed by Office of Faculty Affairs Only		
OFA Staff Acquiring Affiliate Verification (if applicable)	Date	
Termination Decision:	Approved Denied	Date
Reason for Denial:		Dept. Notified

SUBMIT COMPLETED FORM TO:

Office of Faculty Affairs & Professional Development
 540 E. Canfield, 1206 Scott Hall, Detroit, MI 48201
 Telephone: (313) 577-9877
 Email: FAAppointments@med.wayne.edu

*Signature(s) not required for faculty retirement, resignation, or death