



Please submit this form to the [BMFA Faculty Actions Site](#) when requesting a secondary appointment for a faculty member or affiliate. This form should be submitted along with appointment, reappointment, or promotion materials, or independently if this is an off-cycle request.

**Name of Faculty Member:** \_\_\_\_\_

**Secondary Appointment Effective Dates: Start**

**Date:**

**End Date:** *(Must coincide with Primary Appointment's end date)*

**Primary Department:**

**Secondary Department:**

**If Other:** \_\_\_\_\_

**If Other:** \_\_\_\_\_

**Reason for Secondary Appointment:**

**Department Chair Approvals:**

\_\_\_\_\_  
**Primary Department Chair Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Secondary Department Chair Signature**

\_\_\_\_\_  
**Date**