

**WORK ORDER PROCESSING FORM**

**\*\*when submitting the work order in Sinai Central, the subject line MUST include the Faculty's name\*\***

**BACKGROUND INFORMATION**

RQ number: \_\_\_\_\_

First Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Last Name: \_\_\_\_\_ Life Number: \_\_\_\_\_

Current Email: \_\_\_\_\_ MSHS Email: \_\_\_\_\_

Credentialed Hospital(s): \_\_\_\_\_

Practice Site(s): \_\_\_\_\_

**WORK ORDER (select all that apply below)**

Effective Date of Change: \_\_\_\_\_ Term Length: \_\_\_\_\_

☐ **Status Change**

Current Status: \_\_\_\_\_ New Status: \_\_\_\_\_

☐ **Title Change**

Current Rank: \_\_\_\_\_ New Rank: \_\_\_\_\_

☐ **Track Change**

Current Track: \_\_\_\_\_ New Track: \_\_\_\_\_

☐ **Primary Department Change**

Current Primary Department: \_\_\_\_\_ New Primary Department: \_\_\_\_\_

☐ **Adding Joint Appointment**

New Joint Department: \_\_\_\_\_

☐ **Secondary Appointment**

Secondary Department: \_\_\_\_\_ Secondary Division: \_\_\_\_\_

☐ **Termination/ Resignation**

Termination/ Resignation Date: \_\_\_\_\_

**Short description of change:**

**\*\*please include any details not fully captured in the drop downs in the description box above\*\***

**Approvals**

\_\_\_\_\_  
Chief/ Supervisor/ Affiliate Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
ISMMS Academic Department Chair

\_\_\_\_\_  
Date

Form prepared by: \_\_\_\_\_ Department: \_\_\_\_\_

Is there an executed offer letter from the Dean's Office outlining this change? ☐ Yes ☐ No

*The Appointment, Promotions and Tenure Office reserves the right to request additional documentation along with this document, including but not limited to a Chair Statement, Track- specific addendum, etc*