

**UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY**  
**Faculty Recommendation Form**

Candidate's Name:

Department:

Division:

Date MyURHR Action Initiated:

Date of Birth (for new appointments):

Employee ID Number:

Citizenship/Visa Status and End Date:

Proposed Action (check all that apply):

Appointment

Change in Appointment

Reappointment

Additional Appointment

Promotion

Appointment Extension

**APPOINTMENT**

Current Title:

Proposed Title:

Effective Date:

End Date:

**Remarks**

My signature represents approval of the appointment action as outlined above

Department Chair

Center Director (if applicable)