

DEACTIVATION OF FACULTY APPOINTMENT FORM

First Name	Middle Initial	Last Name	Degrees
Current Rank Title:			
TUSM Primary Department:		Division/Institute:	
Affiliated Hospital/Institution/Page 1981	ractice:		
Effective Date of Appointment l	Deactivation:		
Check the appropriate reason for			
No longer meeting teaching :☐ Resignation	requirements		
Employment termination			
Retirement Deceased			
a=			
		ointment has been deactivated. detail if the individual moved to	
institution:	9 //		
Hospital/Institution/Practice:			
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_	Street		
Business Address:	Street		State Zip Code
Business Address:		S	State Zip Code
_			State Zip Code
Business Address:	City		State Zip Code State Zip Code
Business Address:	City		
Business Address: Home Address:	City		
Business Address: Home Address: Personal E-mail:	City		
Business Address: Home Address: Personal E-mail: Approvals: Affiliate Chair or Chief of Service	City Street City Date	New Business Email:	State Zip Code
Business Address: Home Address: Personal E-mail: Approvals:	City Street City	New Business Email:	State Zip Code Date
Business Address: Home Address: Personal E-mail: Approvals: Affiliate Chair or Chief of Service	City Street City Date	New Business Email:	State Zip Code Date
Business Address: Home Address: Personal E-mail: Approvals: Affiliate Chair or Chief of Service TUSM Department Chair Prepared by: FOR OFA USE ONLY:	City Street City Date	New Business Email: Dean Phone: B	State Zip Code Date
Business Address: Home Address: Personal E-mail: Approvals: Affiliate Chair or Chief of Service TUSM Department Chair Prepared by:	City Street City Date	New Business Email: Dean Phone: E ctivation letter sent	State Zip Code Date

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