**HARVARD SCHOOL OF PUBLIC HEALTH**

**NOMINATION FOR SECONDARY APPOINTMENT OR REAPPOINTMENT**

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| --- | --- | --- | --- | --- |
| Name of nominee: |    |  | Date: |       |
| HSPH department in which the appointment will be based: |      |
|  |  |  |  |  |
| Harvard faculty where nominee holds his/her primary appointment: |        |
| Nominee’s title in his/her primary faculty: |        |
|  |  |  |  |  |
| Is this a new appointment as a secondary faculty member at HSPH? | [ ] Yes | [ ] No |  |  |  |  |
| If yes, proposed HSPH title: |        |
|  |  |  |  |  |
| Is this a reappointment? | [ ] Yes | [ ] No |  |  |  |  |
| If yes, current HSPH title: |       |
| Proposed title, if different: |        |
| Current appointment dates: |        |
|  |  |  |  |  |
| Dates of proposed secondary appointment/reappointment: |        |
| End date of this appointment is coterminous with primary appointment end date: | [ ] Yes | [ ] No |  |  |  |  |
|  |  |  |  |  |
| Department chair has consulted with faculty in the department as specified in the instructions: | [ ] Yes | [ ] No |  |  |  |  |
| Did any faculty members demur? (If yes, attach explanation.) | [ ] Yes | [ ] No |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
| **For appointments and reappointments, provide an explicit description of how the 5% commitment will be met during the proposed term. (Please refer to the criteria for appointment.)** |
|      |
|  |  |  |  |  |
| **For reappointments, also provide an explicit description of how the 5% commitment was met during the previous term.** |
|    |
|  |  |  |  |  |
| **You may also provide specific information about other ways in which the nominee’s appointment will significantly help to advance the school’s mission, keeping in mind that research collaboration is not grounds for appointment.** |
|    |

We have discussed and agreed upon the expectations of this appointment as outlined above.

**Nominee's signature:**

**Department chair's signature:**