

UCSD SUMMARY OF APPOINTMENT RECOMMENDATION

Health Sciences

Last name (in caps): _____ First name: _____ Initial: _____

Department: _____

Research Specialty: _____

Highest degree: _____ Institution: _____ Year degree awarded: _____	Begin date: _____ For Assistant level only: Has candidate elected a mid-year start? ____ Yes ____ No End date: _____
<p>Present status</p> Institution: _____ Title: _____ Is the candidate currently employed at UCSD in a represented title? ____ Yes ____ No (If yes, please notify your AVC's office prior to file submission.) For AVC's office staff: ____ Labor Relations Verification completed (Date: ____ Initials: ____)	<p>Proposed status</p> Rank and Step: _____ Title Code: _____ % Time: _____ Salary: _____ Salary Scale Date: _____ Basis: ____ Academic ____ Fiscal Funding source: _____

<p>Department Vote</p> Number eligible to vote: Senate total ____ For: ____ Against: ____ Absent: ____ Abstain: ____ Non-Senate total ____ For: ____ Against: ____ Absent: ____ Abstain: ____

Chair Signature(s)

By signing this summary form, I am certifying that the department vote (or lack thereof) is in compliance with Academic Senate Bylaw 55.

Chair name: _____ Signature: _____ Date: _____

Chair name: _____ Signature: _____ Date: _____

To be completed by AVC's office:

Appraisal expected 7/1/_____
 Probationary Period Ends _____ Must be promoted by _____

Reviewer	Approve	Disapprove	Modify	Date
SOM / SSPPS CAP				
SSPPS Dean				
Health Sciences Assoc VC				
Dean/VC of 2 nd Division/School				
AARP/PSSRP				
CAP				
EVCAA				
Chancellor				

Final action: Date offered: _____ Date accepted: _____ Date declined: _____