

**ACADEMIC APPOINTMENT SUMMARY FORM FOR TEMPORARY EMPLOYEES**

Name: \_\_\_\_\_  
 Highest Degree/Institution/Year: \_\_\_\_\_  
 \_\_\_\_\_

Department : \_\_\_\_\_  
 College of FTE: \_\_\_\_\_  
 Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Present Status** (Date: \_\_\_\_\_ )  
 Institution: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Title Code: \_\_\_\_\_  
 \_\_\_\_\_ % of Time: \_\_\_\_\_  
 Basis: Academic  Fiscal

**Proposed Status**  
 Title: \_\_\_\_\_  
 Title Code: \_\_\_\_\_  
 Salary: \_\_\_\_\_ % of Time: \_\_\_\_\_  
 ( \_\_\_\_\_ scale) Qtr: \_\_\_\_\_  
 Basis: Academic  Fiscal   
 Funding Source: \_\_\_\_\_ Current Year Cost: \_\_\_\_\_

Dept/Div Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On Leave from Home Institution \_\_\_\_\_ Merit/Salary Incr \_\_\_\_\_ Retired Faculty \_\_\_\_\_  
 Registered UC Grad. Student \_\_\_\_\_ 3-year Appt. \_\_\_\_\_ Concurrent Appt. \_\_\_\_\_

**Previous UC Experience**

Dates	Title	Annual Salary & Salary Scale (Indicate Merits with *)	% Time	Dept/UC Campus

Total Unit 18 Qtrs in dept \_\_\_\_\_ as of \_\_\_\_\_ (indicate end date of last Unit 18 Appt)

**Proposed Classes**

Quarter	Course No.	Course Name	Hours/Week for (P.E.)	Enrollments	
				Projected	Actual (past 2 yrs)

Other Duties: \_\_\_\_\_ Name of Designated Supervisor(s): \_\_\_\_\_  
 \_\_\_\_\_

REVIEW ACTION	Approve	Disapprove	Modify	Date
Reviewing Provost				
Dean, OGS				
CAP				
Dean-SIO/SOM/SSPPS/ Dean of Division				
EVCAA/AVCDUE				