|  |  |  |  |
| --- | --- | --- | --- |
| **APPOINTMENT:** (A-C, E-G, H if applicable) | **REAPPOINTMENT:** (A , D-G) | | |
| Department Name & Code: | Dept. Contact: | | Phone #: |
| Candidate’s Name (Last, First): | Employee ID #: | | Candidate’s email address: |
| Extension #: | Candidate’s Bldg/Office/Lab: | | Candidates Phone #: |
| Visa Type:  **If HIB, attach email from ISC re: prevailing wages.** | Visa Expiration: | | Visa Request ID#: |
| Need Lab Safety Training? **Yes  No  If already taken, when**:       (month/year) | | | |
| Supervisor’s Name: | | Misc. Notes: | |

1. **RECRUITMENT -** Please check appropriate box (**refer to “UCR Academic Recruitments – Search and Search Waiver Requirements”**)

Recruitment processed (include AP Recruit JFP # or MathJobs #: )

No waiver required (appt/subsequent reappts are less than 2 years) Initiate recruitment on  (Date:18 mos from initial appointment)

No Recruitment required – give justification:

1. **LEVEL** – the appointment level and salary must be reviewed and preapproved by the Dean before the recruitment and/or appointment can go forward. Provide the following approved documents for the Level:

Form – Level Criteria for Appointment for Academic Coordinator**,** signed

Organizational Chart displaying reporting relationships

1. **APPOINTMENT** - provide documents for appointment:

**APSU Bio/Bib,** signed  **job description (use template attached), signed**  **three** letters of reference (P.I. cannot be letter writers)

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| --- | --- | --- |
| Title: | Step: | % of Time: |
| Appointment Dates:       to  (end date *cannot* surpass funding end date)  **Length of Appt. 2 years or more? Yes  No**  **If yes, recruitment must be processed before appt. can be made.** | (Select One Box)  Annual Salary (Exempt only): $  Hourly Rate (Non-Exempt only): $ | |
| **Criteria for Appointment based on previous experience (must address each of the following):**   * **Professional background of academic training and/or experience:**      * **Professional accomplishment and scholarly contributions:**      * **Highest Degree:** | | |

1. **REAPPOINTMENT** – Please include the following documents:

Recruitment plan required if subsequent reappointments extend beyond 2 years

**APSU Bio/Bib,** **updated/signed** (1 per year)  **job description (use template attached)**

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| --- | --- | --- |
| Title: | Step: | % of Time: |
| Reappointment Dates:       to  (end date *cannot* surpass funding end date) | (Select One Box)  Current Annual Salary (Exempt only): $  Current Hourly Rate (Non-Exempt only): $ | |
| **Criteria for Reappointment based on work completed since appointment/reappt.(must address each of the following):**   * **Professional background of academic training and/or experience:**      * **Professional accomplishment and scholarly contributions:** | | |

1. **FUNDING**

|  |  |  |
| --- | --- | --- |
| Full Fund Number | % of Time | End Date |
|  |  |  |
|  |  |  |

1. **NEAR RELATIVE WAIVER REQUEST (if applicable)**

|  |
| --- |
| I am requesting permission to hire      , the       of      , who is also employed in the Department of      . In accordance with Academic Personnel Policy 520-16,       will not participate in the processes of review and decision-making on any matter concerning      ’s appointment, promotion, salary, retention or termination. |

1. **VOTE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DEPT. VOTE | DATE: | POSITIVE: | NEGATIVE: | ABSTAIN: | UNAVAILABLE: |
| ADVISORY VOTE | DATE: | POSITIVE: | NEGATIVE: | ABSTAIN: | UNAVAILABLE: |

1. **SUPPLEMENTAL FORM REQUIRED IF EITHER ‘YES’ BOX BELOW IS CHECKED** 
   1. Is the appointee currently employed in a represented title code at UCR? **Yes  No**
   2. Were 50% or more of the duties performed previously by a represented position? **Yes  No**

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Supervisor’s Signature | Date |  | Department Chair’s Signature | Date |

**JOB DESCRIPTION  
ACADEMIC COORDINATOR SERIES (Levels I-III)**

**(APM 375)**

**CANDIDATE’S NAME**:        
**LEVEL**:        
**SUPERVISOR’S NAME**:      

***Definition of Title*** *(APM 375): academic appointees who administer academic programs that provide service closely related to the teaching or research mission of the University. This service may be provided to academic departments, to students, or to the general public. Their duties are primarily administrative.*

**DUTIES TO BE PERFORMED**:

1. Administrative Performance:

1. Professional competence and activity:

1. University and Public Service:

**Other responsibilities if applicable:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Candidate’s Signature |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Supervisor’s Signature |  | Date |