|  |  |  |  |
| --- | --- | --- | --- |
| **APPOINTMENT:** | | **REAPPOINTMENT:** | |
| Department Name & Code: | Dept. Contact: | | |
| Candidate’s Name (Last, First): | Employee ID #: | | Candidate’s phone #: |
| Candidate’s Bldg/Office/Lab: | Candidate’s email address: | | |
| 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: | | |

|  |  |  |
| --- | --- | --- |
| Title: (003330: must earn at least $455/week or $23,660/year) | Step: | % of Time:       % |
| Appointment Dates: | Salary:  $ | |
| Full Fund Number (Please provide email approval): | | Funding Expiration Date: |

**\*\* An APSU Biography/Bibliography is required with this request for appointment/reappointment (one per year).**

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| **Graduate student (domestic or foreign, non-UC)**, who is coming to UCR to perform research under the supervision of a faculty member or researcher. **5** year limit. | | Non-student or undergrad student (domestic or foreign, non-UC) and without a Ph.D. who is temporarily doing research in a lab or in the field. 2 year limit. | |
| **UCR Jr. Specialist experience (count all appointments)** | | | |
| Name of Department | Dates | | # of Months |

## NEAR RELATIVE WAIVER REQUEST (if applicable)

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| --- |
| 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. |

**SUPPLEMENTAL FORM REQUIRED IF ANY BOX BELOW IS CHECKED (New appointments only)**

* 1. Is the appointee currently employed in a represented title code at UCR?
  2. Were 50% or more of the duties performed previously by a represented position?

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

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| --- | --- |
|  |  |
| CNAS Dean’s Signature | Date |

*This appointment is for a specific term, with an ending date as herein set forth, and is not for a longer period unless express written notification is so given to the appointee. In the absence of such express notification, the appointment ipso facto terminates on the designated ending date shown above.*

*All appointments are contingent upon the appointee being able to provide in accord with Federal law evidence of authorization to work in the United States.*

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| Accepted: |  |  |
|  | Candidate’s Signature | Date |

cc: Department FAO

**JOB DESCRIPTION  
SPECIALIST SERIES (JUNIOR)**

**(APM 330)**

***Definition of Title*** *(APM 330): academic appointees who are engaged in research in specialized areas and who do not have any teaching responsibilities.*

***Campus Practice: Term of service for Junior Specialists – either two years or five years—see below:***

### *Two-year limit - Non-student or undergraduate student (domestic or foreign, non-UC) and without a Ph.D., who is temporarily doing research in a lab or in the field.*

***Five-year limit - Graduate student (domestic or foreign, non-UC)****, who is coming to UCR to perform research under the supervision of a faculty member or researcher.*

**CANDIDATE’S NAME:**       **RANK & STEP:**       **SUPERVISOR’S NAME:**       **RESEARCH AREA:**

**DUTIES TO BE PERFORMED (*address for appointment or reappointment*):**

1. Performance in research in specialized areas:

**Other responsibilities if applicable:**

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

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| Supervisor’s Signature |  | Date |