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| **APPOINTMENT:** (Complete A, B, D-G) | **REAPPOINTMENT:** (Complete A ,C-F) | | |
| Department Name & Code: | Dept. Contact: | | Phone #: |
| Candidate’s Name (Last, First): | Employee ID #: | | Candidate’s email address: |
| Extension #: | Candidate’s Bldg/Office/Lab: | | Candidate’s 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. **APPOINTMENT** - Please include the following documents:

**APSU Bio/Bib,** signed  **three** letters of reference (P.I. cannot be one of the ltr. writers)  Copy of Ph.D. or equivalent

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| --- | --- | --- |
| Title:  Research | 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: $  Hourly Rate (Non-Exempt only): $ | |
| **Criteria for Appointment based on previous experience (must address each of the following):**   * Research qualifications and accomplishments equivalent to those for the Professor series;      * Professional competence and activity equivalent to those for the Professor series;      * University and/or public service (an Assistant Researcher is not required to participate in service activities); | | |

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

APSU Bio/Bib, updated/signed (1 per year)

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| --- | --- | --- |
| Title:  Research | Step: | % of Time:       % |
| Reappointment Dates:       to  (end date *cannot* surpass funding end date) | (Select One Box)  Current Annual Salary: $  Current Hourly Rate (Non-Exempt only): $ | |
| **Criteria for Reappointment based on work completed since appointment/reappt.(must address each of the following):**   * Research qualifications and accomplishments equivalent to those for the Professor series;      * Professional competence and activity equivalent to those for the Professor series;      * University and/or public service (an Assistant Researcher is not required to participate in service activities); | | |

1. **FUNDING (Please attach email approval from Financial Analyst)**

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

1. **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. |

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**

*\*Is the appointee currently a postdoc and has reached their 5-year max. experience?*  **Yes  No**  *If yes, no supplemental form is required.*

* 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 |