|  |  |
| --- | --- |
| [ ]  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 [ ]  Job Description (use template attached) [ ]  Three Letters of Reference (P.I. cannot be one of the ltr. writers)

|  |  |  |
| --- | --- | --- |
| 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):** * **Performance in research in specialized areas;**

* **Professional competence and activity;**

* **University and public service;**

 |

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

[ ]  APSU Bio/Bib, updated/signed(1 per year) [ ]  Job Description (use template attached)

|  |  |  |
| --- | --- | --- |
| 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):** * **Performance in research in specialized areas;**

     * **Professional competence and activity;**

     * **University and public service;**

      |

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

|  |  |  |
| --- | --- | --- |
| 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**

*\*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** [ ]

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

**JOB DESCRIPTION
SPECIALIST SERIES**

**(APM 330)**

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

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

**DUTIES TO BE PERFORMED (*address all three areas for appointment/reappointment*):**

1. Performance in research in specialized areas:

1. Professional competence and activity:

1. University and Public Service:

**Other responsibilities if applicable:**

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

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