|  |  |  |  |
| --- | --- | --- | --- |
| 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: | |

# APPOINTMENT – Please include the following documents:

**APSU Bio/Bib,** signed  **CV**  **Three letters of reference** (P.I. cannot be one of the ltr. writers)

|  |  |
| --- | --- |
| Title: | % of Time:  **%** |
| Appointment dates:       to  (end date *cannot* surpass funding end date) for a specified period not to exceed one year; two year max | (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):**   * 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 (Visiting Assistant Researcher is not required to participate in service activities); | |
| **Duties that will be performed:** | |

1. **DEGREE VERIFICATION (PhD or equivalent required)**

|  |  |  |
| --- | --- | --- |
| University: | Highest Degree: | Date Received: |
| Verified By: | Source: transcript , copy of degree , other: | |

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

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

|  |  |
| --- | --- |
| Title: | % of Time:  **%** |
| Reappointment Dates:       to  (end date *cannot* surpass funding end date) for a specified period not to exceed one year; two year max | (Select One Box)  Current Annual Salary (Exempt only): $  Current Hourly Rate (Non-Exempt only): $ |
|  | |
| **Criteria for Reappointment (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 (Visiting Assistant Researcher is not required to participate in service activities); | |

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. **FUNDING** (Please Provide email approval from Financial Analyst)

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

1. **VOTE**

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

1. **SUPPLEMENTAL FORM REQUIRED IF EITHER 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 |