|  |  |
| --- | --- |
| [ ]  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 |