|  |  |  |  |
| --- | --- | --- | --- |
| APPOINTMENT: (Complete A, B, D-G) | | REAPPOINTMENT: (Complete C-F) | |
| Department Contact: | | Phone: | |
| Name of Candidate (Last, First): | Employee ID #: | | Dept: |
| Visa Type: | Visa Expiration: | | Visa Request ID#: |
| Supervisor’s Name: | | | |
| Dept. 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: | Proposed Fulltime monthly BYA Salary: $      (use DOS code REG) Percentage (for UCPath purpose only) % |
| Appointment dates:       to  (end date *cannot* surpass funding end date) for a specified period not to exceed one year; two year max | |
| **Criteria for Appointment based on previous experience (must address each of the following):**   * **Demonstrated significant, original, and creative contributions to a research or creative program or project;**      * **Professional competence and activity;**      * **University and public service (encourage, but not required);** | |
| **Duties that will be performed:** | |

# DEGREE VERIFICATION (PhD or equivalent required)

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

# REAPPOINTMENT – Please include the following documents:

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

|  |  |
| --- | --- |
| Title: | Proposed Fulltime monthly BYA Salary: $      (use DOS code REG) Percentage (for UCPath purpose only) % |
| Reappointment Dates:       to  (end date *cannot* surpass funding end date) for a specified period not to exceed one year; two year max | |
| **Criteria for Reappointment based on work completed since appointment/reappt. (must address each of the following):**   * **Demonstrated significant, original, and creative contributions to a research or creative program or project;**      * **Professional competence and activity;**      * **University and public service (encourage, but not required);** | |

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. |

# FUNDING (Please attach 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 ‘YES’ BOX BELOW IS CHECKED**

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

* 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 |