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

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