

# UCSD Academic Recall Appointment

## Employee Information

Employee ID:	Name:
--------------	-------

## Status At Time Of Retirement

Home Campus:	Title:		
Home Department:	Step:	Basis:	Scale Type:
Retirement Date:	Type:	Annual Salary:	Scale Date:

## Proposed Recall Appointment

School/Division:	Title:		
Department:	Annual Salary:	Scale Date:	
Begin Date:	End Date:	Percent Time:	
Fund Source(s):		Per Course Rate ( <i>teaching only</i> ):	
		Total Annual Compensation:	

## Proposed Recall Duties

<b>Purpose of Recall</b> Teaching Research Administrative Other	<b>Description of Recall Duties:</b> _____ _____ _____ _____
---	--

Teaching Assignment		
Quarter	Course #	Course Title

## Retiree Acknowledgement

I understand that my total annual recall compensation from all UC sources may not exceed 43% of my annual salary at the time of retirement, adjusted to the current pay scale.	I understand I must sign and submit the UCRP Retired Employee Election form to the UCSD Benefits Office prior to my recall service ( <i>not required for retirees who elected the lump sum cash out option</i> )
I understand that my appointment is contingent upon the availability of funding and programmatic considerations.	I understand that my recall appointment cannot begin prior to receipt of my first retirement income check.

Please note if you have been recalled at another UC campus within the past 12 months: Campus \_\_\_\_\_ Dates \_\_\_\_\_

_____ Employee Signature	_____ Date
-----------------------------	---------------

## Recommendation and Approval

_____ Hiring Unit – Department Head	_____ Date
_____ Secondary Department Head (for joint appointments)	_____ Date
_____ Dean, Assoc VC, VC-ORA, VCHS, VCMS	_____ Date
_____ Executive Vice Chancellor – Academic Affairs	_____ Date