

UCSD ACADEMIC RECOMMENDATION SUMMARY

General Campus

Last name (in caps): _____ First name: _____ Initial: _____

Department: _____ College: _____

CHECK ALL THAT APPLY

| | | |
|---|--|--|
| <p>Career Review Action <input type="checkbox"/> Promotion <input type="checkbox"/> Advancement to/through Step VI <input type="checkbox"/> Advancement to Above Scale Is this action: <input type="checkbox"/> Normal <input type="checkbox"/> Accel. (# of yrs)</p> | <p>Merit Advancement <input type="checkbox"/> Normal <input type="checkbox"/> Accel. (# years) <input type="checkbox"/> Further Above Scale</p> | <p>Actions Specific to Assistant Level <input type="checkbox"/> Appraisal Appraisal Rating: _____ <input type="checkbox"/> Terminal Reappointment</p> |
| <p>Other Actions <input type="checkbox"/> Reappointment <input type="checkbox"/> No change <input type="checkbox"/> Career Equity Review <input type="checkbox"/> Non-reappointment</p> | <p>Off-scale Salary Actions <input type="checkbox"/> New bonus off-scale <input type="checkbox"/> New market off-scale <input type="checkbox"/> Taper market off-scale</p> | <p>Retention _____ Pre-Emptive Retention _____ <input type="checkbox"/> Increased market off-scale in response to retention Deadline (if any) for candidate's response to offer: _____</p> |

| | |
|--|--|
| <p>Present status Rank and Step: _____ Title Code: _____ % Time: _____ Salary: _____ Salary Scale Date: _____ Basis: <input type="checkbox"/> Academic <input type="checkbox"/> Fiscal Years at: Rank _____ Step _____ (As of 6/30/____)</p> | <p>Proposed status Rank and Step: _____ Title Code: _____ % Time: _____ Salary: _____ Salary Scale Date: _____ Basis: <input type="checkbox"/> Academic <input type="checkbox"/> Fiscal Effective Dates: Begin: _____ End: _____</p> |
|--|--|

Department Vote (If Applicable) Total number of faculty eligible to vote: _____

Merit For _____ Against _____ Abstain _____ Absent _____

Promotion: For _____ Against _____ Abstain _____ Absent _____

Appraisal: Favorable _____ Favorable With Reservations _____ Problematic _____ Unfavorable _____ Abstain _____ Absent _____

Chair Signature(s)

By signing this summary form, I am certifying that the department vote (or lack thereof) is in compliance with Academic Senate Bylaw 55.

Chair name: _____ Signature: _____ Date: _____

Chair name: _____ Signature: _____ Date: _____

To be completed by Dean's office:

Appraisal expected 7/1/_____

Probationary Period Ends _____ Must be promoted by _____

| Reviewer | Approve | Disapprove | Modify | Date |
|--------------------------------------|---------|------------|--------|------|
| Provost | | | | |
| Dean/Vice Chancellor | | | | |
| 2 nd Dean/Vice Chancellor | | | | |
| AARP/PSSRP/CAP Arts | | | | |
| CAP | | | | |
| Executive Vice Chancellor | | | | |
| Chancellor | | | | |