

Last name (in caps): \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

Department/Section/Division: \_\_\_\_\_

**CHECK ALL THAT APPLY**

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

<p><b>Present status</b>                  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><b>Proposed status</b>                  Rank and Step: _____                  Title Code: _____                  % Time: _____                  Salary: _____                  Salary Scale Date: _____                  Basis: <input type="checkbox"/> Academic <input type="checkbox"/> Fiscal                  Effective Dates: Begin: _____ End: _____</p>
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<p><b>Departmental vote</b>                  Number eligible to vote: _____                  Absent: _____ Abstain _____                  PROMOTION: Yes _____ No _____                  APPRAISAL: Favorable _____                  Favorable w/ reservations _____                  Problematic _____                  Unfavorable _____</p>	<p><b>Divisional vote</b>                  Number eligible to vote: _____                  Absent: _____ Abstain _____                  PROMOTION: Yes _____ No _____                  APPRAISAL: Favorable _____                  Favorable w/ reservations _____                  Problematic _____                  Unfavorable _____</p>	<p><b>Section vote</b>                  Number eligible to vote: _____                  Absent: _____ Abstain _____                  PROMOTION: Yes _____ No _____                  APPRAISAL: Favorable _____                  Favorable w/ reservations _____                  Problematic _____                  Unfavorable _____</p>
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**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/Director 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
SIO CAP				
SIO Assoc Dean				
SIO Dean				
AARP/PSSRP				
CAP				
Executive Vice Chancellor				
Chancellor				