

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

Department/Section/Division: _____

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 <input type="checkbox"/> 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 <input type="checkbox"/> Pre-Emptive Retention <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>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>
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<p>Departmental vote Number eligible to vote: _____ Absent: _____ Abstain _____ PROMOTION: Yes _____ No _____ APPRAISAL: Favorable _____ Favorable w/ reservations _____ Problematic _____ Unfavorable _____</p>	<p>Divisional vote Number eligible to vote: _____ Absent: _____ Abstain _____ PROMOTION: Yes _____ No _____ APPRAISAL: Favorable _____ Favorable w/ reservations _____ Problematic _____ Unfavorable _____</p>	<p>Section vote 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				