

UCSD ACADEMIC RECOMMENDATION SUMMARY

Health Sciences

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

Department: _____

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: _____ Academic _____ Fiscal Years at: Rank _____ Step _____ (As of 6/30/____)</p>	<p>Proposed status Rank and Step: _____ Title Code: _____ % Time: _____ Salary: _____ Salary Scale Date: _____ Basis: _____ Academic _____ Fiscal Effective Dates: Begin: _____ End: _____</p>
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Department Vote (If Applicable)

Total number of faculty eligible to vote: _____
 Merit: Senate/Non-Senate For ____ / ____ Against ____ / ____ Abstain ____ / ____ Absent ____ / ____
 Promotion: Senate/Non-Senate 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 AVC's office: Appraisal expected 7/1/_____
 Probationary Period Ends _____ Must be promoted by _____

Reviewer	Approve	Disapprove	Modify	Date
SOM/SSPPS CAP				
Health Sciences Assoc VC				
Dean/VC of 2 nd Division/School				
AARP/PSSRP				
CAP				
Executive Vice Chancellor				
Chancellor				