

# ACADEMIC RECOMMENDATION SUMMARY UCSD – Skaggs School Of Pharmacy & Pharmaceutical Sciences

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

Department: \_\_\_\_\_ College: \_\_\_\_\_

## CHECK ALL THAT APPLY

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

<b><u>PRESENT STATUS:</u></b> Title, rank/step: _____ Title code: _____ Salary: _____ Scale date: _____ % of time: _____ Basis: <input type="checkbox"/> Academic <input type="checkbox"/> Fiscal Years at: Rank _____ Step _____ (as of 6/30/____)	<b><u>PROPOSED STATUS:</u></b> Title, rank/step: _____ Title code: _____ Salary: _____ Scale date: _____ % of time: _____ Basis: <input type="checkbox"/> Academic <input type="checkbox"/> Fiscal Effective dates: Begin _____ End _____
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## DEPARTMENT VOTE (IF APPLICABLE):

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):

1<sup>st</sup> Chair name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Chair name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a UC academic employment history (appointment periods, titles, steps, % time, and departments)**  
**Please do not write below this line**

To be completed by dean's office: Appraisal expected 7/1/ \_\_\_\_

Reviewer	Approve	Disapprove	Modify	Date
SSPPS CAP				
Health Sciences Dean				
AARP/PSSRP				
Campus ad hoc committee				
CAP				
Executive Vice Chancellor				