

**UCSD SUMMARY OF APPOINTMENT RECOMMENDATION**

**Health Sciences**

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

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

Research Specialty: \_\_\_\_\_

Highest degree: _____ Institution: _____ Year degree awarded: _____	Begin date: _____ For Assistant level only: Has candidate elected a mid-year start? ____ Yes ____ No End date: _____
<p><b>Present status</b></p> Institution: _____ Title: _____ Salary: _____ Salary Scale Date: _____ Basis: ____ Academic ____ Fiscal Is the candidate currently employed at UCSD in a represented title? ____ Yes ____ No (If yes, please notify your AVC's office prior to file submission.) For AVC's office staff: ____ Labor Relations Verification completed (Date: ____ Initials: ____)	<p><b>Proposed status</b></p> Rank and Step: _____ Title Code: _____ % Time: _____ Salary: _____ Salary Scale Date: _____ Basis: ____ Academic ____ Fiscal Funding source: _____

<p><b>Department Vote</b></p> Number eligible to vote: Senate total ____ For: ____ Against: ____ Absent: ____ Abstain: ____ Non-Senate total ____ For: ____ Against: ____ Absent: ____ Abstain: ____
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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 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				
SSPPS Dean				
Health Sciences Assoc VC				
Dean/VC of 2 <sup>nd</sup> Division/School				
AARP/PSSRP				
CAP				
EVCAA				
Chancellor				

**Final action:** Date offered: \_\_\_\_\_ Date accepted: \_\_\_\_\_ Date declined: \_\_\_\_\_