

UNIT 18 NON-SENATE FACULTY (NSF) INITIAL CONTINUING APPOINTMENT AND/OR MERIT REVIEW

NAME (Last, First) OADEO Selection/Waiver#: _____	DEPARTMENT	COLLEGE
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PROPOSED ACTION	
<input type="checkbox"/> Initial Continuing Appointment and Merit Increase	<input type="checkbox"/> Merit for Continuing Lecturer

CURRENT STATUS	PROPOSED STATUS
Title/Title Code <input style="width: 90%;" type="text"/>	Title/Title Code <input style="width: 90%;" type="text"/>
Annual Salary \$ <input style="width: 10%;" type="text"/> Step <input style="width: 10%;" type="text"/> Salary Scale <input style="width: 10%;" type="text"/>	Annual Salary \$ <input style="width: 10%;" type="text"/> Step <input style="width: 10%;" type="text"/> Salary Scale <input style="width: 10%;" type="text"/>
<i>Pre-Six Appointee:</i> Appointment Percentage <small>Use only for initial continuing appointment/merit</small> Fall <input style="width: 5%;" type="text"/> % Winter <input style="width: 5%;" type="text"/> % Spring <input style="width: 5%;" type="text"/> %	Begin Date <input style="width: 20%;" type="text"/> End Date <input style="width: 20%;" type="text"/>
<i>Continuing Appointee:</i> Base Appointment Percentage <input style="width: 5%;" type="text"/> % <small>Use only for merit of existing continuing appointee</small>	Base Appointment Percentage <input style="width: 5%;" type="text"/> %

Please attach previous academic employment history within the department and list any concurrent appointment(s) in a title other than Lecturer.

Unit 18 Quarters of Credit in Dept <input style="width: 40%;" type="text"/>	As of <input style="width: 40%;" type="text"/>
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Departmental Vote <small>(for initial continuing appointments only)</small>				
For	Against	Abstain	Absent	Total Eligible
<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>

Dept/Div Chair Signature _____ **Date** _____
Print Name: _____

Name of Designated Supervisor (if not Dept Chair) _____

REVIEW LEVEL	APPROVE	DISAPPROVE	MODIFY	DATE
Provost				
CAP				
Dean/AVCDUE				