**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: |
| **Present status**  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: ­­­\_\_\_\_\_\_) | **Proposed status**  Rank and Step:  Title Code:  % Time:  Salary:  Salary Scale Date:  Basis: Academic Fiscal  Funding source: |

|  |
| --- |
| **Department Vote**  Number eligible to vote: Senate total \_\_\_\_\_\_\_ For: \_\_\_\_\_\_\_ Against: \_\_\_\_\_\_\_ Absent: \_\_\_\_\_\_\_ Abstain: \_\_\_\_\_\_\_  Non-Senate total \_\_\_\_\_\_\_ For: \_\_\_\_\_\_\_ Against: \_\_\_\_\_\_\_ Absent: \_\_\_\_\_\_\_ Abstain: \_\_\_\_\_\_\_ |

**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 2nd Division/School |  |  |  |  |
| AARP/PSSRP |  |  |  |  |
| CAP |  |  |  |  |
| Chancellor/EVCAA |  |  |  |  |

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