**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 \_\_\_\_\_ NoEnd 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 FiscalFunding 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 \_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **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: