

ACADEMIC RECOMMENDATION SUMMARY

UCSD – General Campus

Last name (in caps): _____ First name: _____ Initial: _____

Department: _____ College: _____

CHECK ALL THAT APPLY

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

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

1st Chair/Dept: _____ Signature: _____ Date: _____

2nd Chair/Dept: _____ 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
Provost				
Dean of 1 st division/school				
Dean of 2 nd division/school				
Dean, OGS				
Vice Chancellor, ORA				
AARP/PSSRP/Arts				
Campus ad hoc committee				
CAP				
Senior Vice Chancellor				