

**ACADEMIC RECOMMENDATION SUMMARY UCSD – Skaggs School Of Pharmacy & Pharmaceutical Sciences**

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

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

**CHECK ALL THAT APPLY**

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

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

1<sup>st</sup> Chair name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Chair name: \_\_\_\_\_ 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
SSPPS CAP				
Health Sciences Dean				
AARP/PSSRP				
Campus ad hoc committee				
CAP				
Senior Vice Chancellor				