

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

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

Department: _____ College: _____

CHECK ALL THAT APPLY

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

<p><u>PRESENT STATUS:</u> 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><u>PROPOSED STATUS:</u> 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):

1st Chair name: _____ Signature: _____ Date: _____

2nd 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				