

UCSD SUMMARY OF APPOINTMENT RECOMMENDATION

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

Highest degree: _____ Institution: _____ Year degree awarded: _____	Begin date: _____ For SOM or SIO only: Has candidate elected a mid-year start ? _____ Yes _____ No End date: _____
Present status Institution: _____ Title: _____ Salary: _____ (_____ salary scale) Basis: _____ Academic _____ Fiscal	Proposed status Rank and step: _____ Title code: _____ % time: _____ Salary: _____ (_____ salary scale) Basis: _____ Academic _____ Fiscal Funding source: _____

<u>Department vote</u> Number eligible to vote: _____ For: _____ Against: _____ Absent: _____ Abstain: _____	<u>Divisional vote</u> Number eligible to vote: _____ For: _____ Against: _____ Absent: _____ Abstain: _____	<u>Institutional vote</u> Number eligible to vote: _____ For: _____ Against: _____ Absent: _____ Abstain: _____
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CHAIR SIGNATURE

Chair name: _____ Signature: _____ Date: _____

**(If applicable, 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
SIO CAP / SIO SARP				
SIO/SOM/SSPPS CAP				
Provost				
Division/School Dean				
SIO Dean				
SOM Assoc. Dean				
SSPPS Dean				
OGS Dean				
Campus ad hoc committee				
AARP/PSSRP/Arts				
CAP				
Chancellor/SVCAA				

Final action: Date offered _____ Date accepted _____ Date declined _____