

**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: _____
<b>Present status</b> Institution: _____ Title: _____ Salary: _____ ( _____ salary scale) Basis: _____ Academic      _____ Fiscal	<b>Proposed status</b> Rank and step: _____ Title code: _____ % time: _____ Salary: _____ ( _____ salary scale) Basis: _____ Academic      _____ Fiscal Funding source: _____

<b><u>Department vote</u></b> Number eligible to vote: _____ For: _____ Against: _____ Absent: _____ Abstain: _____	<b><u>Divisional vote</u></b> Number eligible to vote: _____ For: _____ Against: _____ Absent: _____ Abstain: _____	<b><u>Institutional vote</u></b> 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 \_\_\_\_\_