

## **ACADEMIC RECALL APPOINTMENT FORM**

	EMPLOYEE INFORMATION						
Employee ID:	Name	:			Home Campus:		
PRE-RETIREMENT INFORMATION							
Home Dept:	Title/I	Rank:				Step:	
*Total Negotiated Salary (TNS): \$	Scale/	APU:				Retirement Date:	
PROPOSED RECALL APPOINTMENT							
School: Department: Up To Percent Time:							
Begin Date:	Begin Date must be at lea			ast 30 de	nus after	End Date:	
begin Date.	retireme					Eliu Date.	
Covered compensation (X, X', Y' ): \$				Title C	ode:		
Minimum salary rate. Range adjusted to current HSCP Scale.							
				Description of Recall Duties:			
Requested Annual Salary: \$							
Salary rate cannot exceed exiting total negotiated salary.							
Purpose of Recall:							
•	_						
Administrative	Other						
Funding Source(s):							
Teaching Assignment: Quarter Course #				t Course 1		itle	
reaching resignment. Quarter							
CENEDAL CUIDELINE FOR RECALL CALARY (ARM 20E)							
GENERAL GUIDELINE FOR RECALL SALARY (APM 205)							
OPTIONS			CONDITIONS				
Recall with membership in HSCP TC 1701			<ul> <li>43% maximum; salary rate is greater than APU up to pre-retirement total negotiated salary</li> </ul>				
Recall with no membership in HSCP TC 1702, 1700, 3802			<ul> <li>43% maximum; salary must be covered comp rate for rank/step on pre-retirement APU</li> </ul>				
RETIREE ACKNOWLEDGEMENT							
I understand that my total annual recall compensation							
from all UC sources may not exceed a total of 43% per				Election form to the UCSD Payroll Office (MC prior to my recall			
month, inclusive of all recall appointments.			service (not required for retirees who elected the lump sum cash				
				out option). Click here to access form.			
I understand that my appointment is contingent upon     the application of funding and programmetic.				I understand that my recall appointment cannot begin prior to receipt of my first retirement income check.			
the availability of funding and programmatic receipt of my first retirement income check.							
I understand that I will be subject to the terms and conditions of the HSCP, if applicable.							
Employee Signature:			Date:				
Employee digitation e.							
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Hiring Unit – Department Head	(LCOIVI	WENDAII	Date:		TOVAL		
<b>U</b>							
Secondary Department Head (Joint Appointment)  Date:							
becomes, a separation ricus point appointment,							
Health Sciences				Date:			
Treater Selences							
Executive Vice Chancellor-Academic Affairs				Date:			
Excessive vice chancellor Academic Atlans				Dato.			
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