

ACADEMIC APPOINTMENT SUMMARY FORM FOR TEMPORARY EMPLOYEES

Name: _____
 Highest Degree/Institution/Year: _____

Department : _____
 College of FTE: _____
 Begin Date: _____ End Date: _____

Present Status (Date: _____)
 Institution: _____
 Title: _____
 Title Code: _____
 Salary: _____ % of Time: _____
 Basis: Academic Fiscal

Proposed Status
 Title: _____
 Title Code: _____
 Salary: _____ % of Time: _____
 (_____ scale) Qtr: _____
 Basis: Academic Fiscal
 Funding Source: _____ Current Year Cost: _____

Dept/Div Chair Signature: _____ Date: _____

On Leave from Home Institution _____ Merit/Salary Incr _____ Retired Faculty _____
 Registered UC Grad. Student _____ 3-year Appt. _____ Concurrent Appt. _____

Previous UC Experience

| Dates | Title | Annual Salary & Salary Scale (Indicate Merits with *) | % Time | Dept/UC Campus |
|-------|-------|---|--------|----------------|
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| | | | | |

Total Unit 18 Qtrs in dept _____ as of _____ (indicate end date of last Unit 18 Appt)

Proposed Classes

| Quarter | Course No. | Course Name | Hours/Week for (P.E.) | Enrollments | |
|---------|------------|-------------|-----------------------|-------------|---------------------|
| | | | | Projected | Actual (past 2 yrs) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Duties: _____ Name of Designated Supervisor(s): _____

| REVIEW ACTION | Approve | Disapprove | Modify | Date |
|---|---------|------------|--------|------|
| Reviewing Provost | | | | |
| Dean, OGS | | | | |
| CAP | | | | |
| Dean-SIO/SOM/SSPPS/ Dean of Division | | | | |
| EVCAA/AVCDUE | | | | |