

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)
 Basis: Academic Fiscal
 Funding Source: _____ Current Year Cost: _____

Dept/Div Chair Signature: _____ Date: _____

On Leave from Home Institution _____ Merit Increase _____ 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

Total Unit 18 Qtrs @ UCSD _____ 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, OGSR				
CAP				
Dean-SIO/SOM/SPPS				
Dean of Division				
VCAA				