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| **NAME:** (Last, First, Middle Initial) | **DEPARTMENT:** | **DATE PREPARED:** |
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| For **NEW APPOINTMENTS**, the following are required:   1. Copy of Appointment Letter (provided to candidate after approval) 2. Employment History Record (begin with proposed appointment) 3. CV 4. UC Recruit Search Report 5. If proposed annual rate exceeds the Dean’s authority or start date is retroactive, include a justification letter from the Department Chair (addressed to the VC). | For **REAPPOINTMENTS\***, the following are required:   1. Copy of Appointment Letter (provided to candidate after approval) 2. Complete Employment History Record (include proposed reappointment)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*If reappointment follows a break in service of 12 months or more, submit all documents requested for new appointment (1-4 and if applicable 5).* |

*Form to be completed by home department or unit:*

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| **Title:** | |  | | | Appointment; **JPF** | | Reappointment | |
| **Salary Rate:** | | Annual: $ | | | Monthly: $ | | WOS (Without Salary) | |
| **Percent of Time:** | | Fall Qtr.       % | | | Winter Qtr.       % | | Spring Qtr.       % | |
| **Appointment Dates:** Begin:       End:       **FAU:**        § There is a 2 year (24 months) limit in this series with an exception for a third year (VC final). | | | | | | | | |
| **Justification for appointment and programmatic need:** | | | | | | | | |
| At the **conclusion** of this appointment, the incumbent will have a total of       months of service in the Visiting series. | | | | | | | | |
| **Teaching Assignment (if applicable):** | | | | | | | | |
| **Quarter** | **Percent** | | **Course #** | **Course title (include section number) & other assigned duties (include description)** | | | | |
| **Fall** |  | |  |  | | | | |
|  |  | |  |  | | | | |
| **Winter** |  | |  |  | | | | |
|  |  | |  |  | | | | |
| **Spring** |  | |  |  | | | | |
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| Is individual currently employed by another UC or California state institution? | | | | | | | | Yes  No |
| If “Yes”, give name of institution: | | | | | | If “Yes”, give % of time: | | % |
| If individual is on leave from another institution, are they aware that he/she will be teaching at UCLA? | | | | | | | | Yes  No  n/a |

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| Department Preparer: Department Contact Information: |  |  | Recommended by Department Chair or Unit Head: | |
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|  | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name & Title |  |  | Signature Date | |
|  | |  |  | |
| Extension Date | |  | Name & Title |  |

**For Dean’s Office Use Only:**

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| Approved | Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Disapproved |  |  |
| VC final, approval recommended to APO on \_\_\_\_\_\_\_\_\_ | Dean’s Signature | Date |