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| **NAME:** (Last, First, Middle Initial) | **EMPLOYEE ID:** | **DEPARTMENT:** | **DATE PREPARED:** |
|  |  |  |  |

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| --- | --- |
| For **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, include a justification letter from the Department Chair (addressed to the VC). | For **RENEWALS\***, the following are required:   1. Copy of Appointment Letter (provided to candidate after approval) 2. Complete Employment History Record (include proposed renewal)   *\* If renewal 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** | Renewal |

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| Annual Salary Rate: $ | | Monthly Rate: $ | | WOS |
| **Term of Appointment§:** | Begin: | End: | | |
| § There is a 2 year (24 months) limit in this series with an exception for a third year (VC final). | | | | |
| **Funding** (required for all, including WOS)**:** | | | | |
| **FAU** | **Percentage** | | **Begin Date / End Date** | |
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|  |  | |  | |
| At the **conclusion** of this appointment, the incumbent will have a total of       months of service in the Visiting series. | | | | |
| Is individual on leave from another institution?  Yes – Name of Institution:        No | | | | |
| Justification for Appointment / Renewal: | | | | |

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| Department Contact Information: |  |  |
|  | Name & Title | Extension |

*-Signatures -*

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| **PI** |  |  | **Department Chair or Unit Head** | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Signature | Date |  | Signature | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Name & Title |  |  | Name & Title |  |

**Dean’s Office Use Only:**

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