UCLA ACADEMIC PERSONNEL

**DEAN’S FINAL MERIT SHORT FORM**

*We recommend that you use this form for on-time, one-year accelerated or deferred merits. Off-Scale salary approval is still required if exceeds the Dean’s authority. Vice Chancellor approval is required for the Schools of Law, Dentistry and Nursing.*

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| --- | --- | --- | --- |
| Name: |  | Department: |  |
| Secondary Department(s) (if applicable): | |  | |

|  |  |
| --- | --- |
| Present Rank and Step: | Proposed Rank and Step: |

|  |  |  |  |
| --- | --- | --- | --- |
| Effective Date: |  | Percent of Appointment: |  |
| Years at Rank: |  | Years at Step: |  |
| Current Salary: |  | Proposed Salary: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LIST VOTES** below OR provide a separate vote sheet (be sure to include joint appointment if applicable). Provide actual numbers:     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | No |  | Absent | |  | | | | | | |

**DEPARTMENTAL EVALUATION**: On page 2 of this form, please provide an analysis of the candidate’s performance including: Research/creativity, teaching and service. Please note that if you use this form, it would be helpful if you limit your words to approximately 600. You do have the option to submit a separate letter in lieu of using this form.

Please indicate below who prepared the Departmental Evaluation (e.g. Chair, Vice Chair, Elected Committee):

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|  |

Note: This does not pertain to Law, Dentistry or Nursing

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| --- | --- | --- | --- |
| Name: |  | Department: |  |

**DEPARTMENTAL EVALUATION**

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| --- |
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|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Department: |  |

**CHAIR’S INPUT:** If the Departmental Evaluation was not prepared by the Chair, the Chair has the option of including a separate letter.

|  |  |  |  |
| --- | --- | --- | --- |
|  | I concur |  | I have included a separate Chair’s letter. |
|  | No, I do not concur (please explain below or on a separate memo). | | |

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Chair’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEAN’S EVALUATION**

|  |  |
| --- | --- |
|  | Yes, I concur with the Departmental Evaluation (no statement is required). |
|  | No, I do not concur (please explain below or on a separate memo). |

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Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VICE CHANCELLOR’S APPROVAL** (if required)

Vice Chancellor’sSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APO REVIEW**

APO Review or Processing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_