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| **FACULTY (EMPLOYEE) INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name (Last, First):** Click here | | | | | | | | **Supervisor/Dept. Chair/Dean:** Click here | | | | | | | | | | | | | | | | | |
| **Email:** Click here | | | | | | | | **Reports to Position #:** Click here | | | | | | | | | | | | | | | | | |
| **Employee ID:** Click here | | **Work Location:** Building and Floor | | | | | | | | | | | | **Department:** Click here | | | | | | | | | | | |
| **Position #:** Click here | | | Update with New Appointment Information | | | | | | | | | | | | | | | Create New Position # | | | | | | | |
| **APPOINTMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Appointment/Action** *(mark all that apply)***:** | | | | | | Hire | | | | Reappointment | | | | | Promotion | | | | | | | | Merit | Other | |
| **Effective Date:** MM/DD/YYYY | | | | | | | | | | Continuing (Unit 18)  End Date (Acad Term Appts)  Indefinite  Potential Security (LPSOE) | | | | | | | | | | | Security ([LSOE](https://www.google.com/url?client=internal-uds-cse&cx=017681962718933441792:58v7bkn1mnc&q=https://ucop.edu/academic-personnel-programs/_files/apm/apm-285.pdf&sa=U&ved=2ahUKEwiZh9iJ2LDlAhXCrZ4KHaZeAnMQFjAAegQIBRAC&usg=AOvVaw1OX7VFeMCA2ej3PSlj3eh8))  Tenure Track (Ladder Rank)  Tenured | | | | |
| **End Date** *(if applicable)***:** MM/DD/YYYY  End Job Automatically (*if applicable*) | | | | | | | | | |
| **Job Title:** Click here | | | | | **Job Code:** Click here | | | | | | | | | | | | **APPT % / FTE %:** Click here% | | | | | | | | |
| **SALARY/COMPENSATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total Annual Salary:** $###,###.## (Step + Off-Scale) | | | | | | | | | **Pay Frequency:** | | | | 1/10 | | | | | | 9/12 | | | | 12/12FY | | Other |
| **Whole Step:** Click here | *(if applicable)* | | | **.5** (*UCDEC5*) | | | | | **.9** (*UCDEC9*) | | | Off-Scale (*UCOFF1*) | | | | | | | | | | Above Scale (*UCABVE*) | | | |
| **Whole Step Annual Salary:** $###,###.## | | | | **.5** $###,###.## | | | | | | | **.9** $###,###.## | | | | | **Off-Scale** $###,###.## | | | | | | | | | |
| *Please note any split appointments in the additional notes section below* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. Row will auto expand to fit contents. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DEPARTMENT CONFIRMATION OF DATA** | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I confirm that the above accurately reflects the approved appointment action.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AP Analyst/Preparer Name and Title:** | | | | | | | Name | | | | | | | | | | | | | Title | | | | | |
| **Contact Information (Email and/or Phone):** | | | | | | | Email | | | | | | | | | | | | | Phone Number | | | | | |
| **Date:** | | | | | | | MM/DD/YYYY | | | | | | | | | | | | | | | | | | |