

# LECTURER SERIES DATA SUMMARY

NAME:

DEPARTMENT:

(LAST NAME, FIRST)

## TYPE OF REVIEW

### PRE-SIX YEAR:

- ☐ Appointment
- ☐ Reappointment ( \_\_\_\_\_ # of Quarters as of  
proposed Effective Date)
- ☐ Merit
- ☐ 4th Year Increase

### CONTINUING APPOINTMENT:

- ☐ Initial Continuing Appointment
- ☐ Merit
- ☐ Dismissal

## PRESENT STATUS (if currently employed)

Title:

Salary Rate: 9 / 11

Percentage of Time:

## PROPOSED STATUS

Title:

Salary Rate: 9 / 11 4/1/2021: ATTENTION

Percentage of Time:

Effective Date: \_\_\_\_\_ to \_\_\_\_\_

**A CURRENT, UP-TO-DATE HISTORY RECORD IS REQUIRED  
INSERT IMMEDIATELY FOLLOWING THIS PAGE**

## BIOGRAPHICAL DATA:

DEGREE

DATE

INSTITUTION

**To be completed by Dean's Office of School or College having jurisdiction:**

This action:

- ☐ less than 50% (averaged over a 1-year period) therefore does not require Council on Academic Personnel review
- ☐ 50% or more (averaged over a 1-year period) therefore bears the required Council on Academic Personnel comment
- ☐ Dean assumes that with respect to the School or College, this action represents final action

DEAN'S ACTION:

DATE:

CHANCELLOR'S ACTION: ☐ For Retroactivity ☐ Salary exceeds Step 9 of Professorial Scale DATE:

# PRE-SIX APPOINTMENT, REAPPOINTMENT, OR REVISION

## PAGE 2

JPF# / EXR#	EMPLOYEE ID	DEPARTMENT CODE	MONTHLY SALARY RATE

4/1/2021: ATTENTION

<input type="checkbox"/>	<b>REVISION#</b>	<b>REVISION DATE:</b> _____	
<b>ASSIGNMENT WILL INCLUDE TEACHING THE FOLLOWING COURSES AND OTHER ASSIGNED DUTIES:</b>			
QUARTER	IWC/ EQUIVALENCY	COURSE NUMBER	COURSE TITLE, SECTION, & OTHER ASSIGNED DUTIES & DESCRIPTION.
<b>FALL</b>			
<b>% PAID</b>			
<b>WINTER</b>			
<b>% PAID</b>			
<b>SPRING</b>			
<b>% PAID</b>			
<b>AVERAGE</b> % _____ Averaging for benefits eligibility may only occur when the initial appointment is made for the entire academic year.			

<b>FUND SOURCE:</b>
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For initial appointments, _____ is attached:			
Is employee currently employed by another	?	Yes	No
Name of Institution: _____			% of Time: _____
Is employee currently on a valid visa?	Yes	Visa Type: _____	Begin Date: _____ End Date: _____ No

**ADDITIONAL COMMENTS:** (#Justification needed in the “Additional Comments” section.)

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DEPARTMENT CONTACT INFORMATION	RECOMMENDED BY DEPARTMENT CHAIR OR UNIT HEAD
Name & Title	Signature _____ Date
Extension _____ Date	Name & Title

**FOR DEAN’S OFFICE USE ONLY:**

<b>Reviewed by:</b>	<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DECLINED</b>	<input type="checkbox"/> <b>REQUIRES ADDITIONAL APPROVALS</b> <b>FORWARDED TO APO ON:</b>
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**Clear Fields**

**Submit Form**

*Revised April 2018*