

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

Percentage of Time:

Effective Date: _____ to _____

4/1/2021-6/30/2021

**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

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

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

FUND SOURCE:

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 Name & Title _____ Extension _____ Date _____	RECOMMENDED BY DEPARTMENT CHAIR OR UNIT HEAD Signature _____ Date _____ Name & Title _____
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FOR DEAN'S OFFICE USE ONLY:

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

Submit Form

Revised April 2018