

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 3/1/2021: 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

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

3/1/2021: ATTENTION

| <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.)

| |
|--|
| |
|--|

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

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: |
|--------------|--|--|---|

Clear Fields

Submit Form

Revised April 2018