

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 (Article 30.B)

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 _____

**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:

CONTINUING LECTURER YEARLY ASSIGNMENT OR REVISION

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EMPLOYEE ID	DEPARTMENT CODE	MONTHLY SALARY RATE

ANNUAL ASSIGNMENT NOTICE		ASSIGNMENT REVISION ONLY#		ASSIGNMENT REVISION W/ PERCENT CHANGE	
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:

Is employee currently employed by another Name of Institution:	? % of Time:
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ADDITIONAL COMMENTS: (#Justification needed in the “Additional Comments” section.)

DEPARTMENT CONTACT INFORMATION	
Name & Title	
Extension	Date

RECOMMENDED BY DEPARTMENT CHAIR OR UNIT HEAD	
Signature	Date
Name & Title	

FOR DEAN’S OFFICE USE ONLY:

Reviewed by:	APPROVED	DECLINED	REQUIRES ADDITIONAL APPROVALS FORWARDED TO APO ON:
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