

Continuing Non-Senate Faculty (Unit 18) Merit Review (UCI-AP-IX5)

EMPLOYEE NAME:	
DEPARTMENT/UNIT NAME:	SCHOOL NAME:

CURRENT Continuing Appointment		
TITLE CODE:	TITLE NAME:	
SALARY:	PERCENT TIME:	EFFECTIVE DATE OF LAST MERIT:

PROPOSED Continuing Appointment		
TITLE CODE:	TITLE NAME:	
SALARY:	PERCENT TIME:	EFFECTIVE DATE OF ACTION:

Recommendation

Review Level	Modify: Other Recommendation	Signature	Printed Name	Date
Department Review Committee <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modify				
Chair/Director <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modify				
Dean <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modify				
CAP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modify				

Final Authority

Review Level	Modify: Other Recommendation	Signature	Printed Name	Date
Vice Provost <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modify				