

Unit 18 Faculty Senior Continuing Promotion Review (UCI-AP-IX-13)

EMPLOYEE ID:	EMPLOYEE NAME:
DEPARTMENT/UNIT NAME:	SCHOOL NAME:

CURRENT Continuing Appointment

JOB CODE:	JOB CODE DESCRIPTION:	
SALARY:	PERCENT TIME:	EFFECTIVE DATE OF INITIAL CONTINUING APPOINTMENT:

PROPOSED Continuing Appointment

JOB CODE:	JOB CODE DESCRIPTION:	
SALARY:	PERCENT TIME:	EFFECTIVE DATE:

Recommendation

Review Level	Exceptional?	Signature	Printed Name	Date
Department Review Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Chair/Director	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dean	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Unit 18 Review Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Final Authority

Review Level	Exceptional?	Signature	Printed Name	Date
Vice Provost	<input type="checkbox"/> Yes <input type="checkbox"/> No			