

Research Recall Appointment

Date:

Research Recall Appointments are paid at the 1/9 rate and cannot exceed 43% time.

Name:		Academic Department:	
Annual Salary:		Monthly Salary:	
Appointment Dates: <i>*Normally 07/01-06/30</i>		Percent Time:	

Brief description of research and supervision of students (if any):

- I have been informed of the recall appointment process and my rights in connection with this procedure.
- I have enclosed my bibliography supplement from the last fiscal year
- I have enclosed the original UCRP Waiver form - *New appointments only*
- I have enclosed my current biography - *New appointments only*

Name of Fund Complete Chartstring

Workspace Location:

	Name	Signature	Date
Requestor			
Department Chair			
RSO/Fund Manager			
ADR Approval			

*****HR USE ONLY*****

Annual Salary 1/12 Rate	ERSO Case Number:
HCM Entered By	HCM Entry Date