

DOCUMENT INVENTORY FOR APPOINTMENT TO ACADEMIC RESEARCH TITLES

APPROVED BY THE CP/EVC or DEAN

**(Professional Research Series, Project Scientist Series, Visiting Research Series,
Specialist Series)**

Candidate Material to the Department _____

Date to Division _____

Date to APO _____

Department Prepares

Name _____ Title _____

Division _____ Department/Unit/P.I. _____

Annual Salary Rate _____ Basis (9 or 11 mo.) _____ % Time _____ Actual Salary _____

Effective: Pay Dates _____ Service Dates _____

Grant Name(s): _____ Account Number(s) _____

Grant End Date(s) _____ P.I. Authorizing Signature(s) _____

Prior and/or Concurrent UC Employment: Yes _____ No _____; if yes, state location, dates, title(s):

INDICATE WITH A DOCUMENTS SUBMITTED. INCLUDE EXPLANATION IN DEPARTMENT/UNIT LETTER IF ANY DOCUMENTS ARE NOT SUBMITTED. SUBMIT DOSSIER IN FOLLOWING ORDER:

___ Recruitment Record Approval: (Compliance or waiver must be issued before appointment may be offered)
Search # _____ Compliance dated _____ or waiver dated _____
or Exemption Category _____

___ Dean's Letter (if CP/EVC authority)

___ Department/Unit/P.I. Letter

___ Extramural Letters (usually three) - not required for Visiting Research Series

Sample copy of solicitation letter

List of those who might not objectively evaluate Candidate and Candidate's reasons (optional)

List of all persons from whom extramural letters were sought; identify those suggested by candidate

List of any persons declining to write; include any declining letters in the file

Brief comments on academic standing of each letter writer and relationship, if any, to Candidate; identify letter-writers with alpha code.

OR Explanation in Department/Unit letter of how letters were obtained (e.g. Candidate solicited, unsolicited)

___ Any record of discussion with the Candidate concerning role, rank, salary, facilities, support (may be included in Department letter)

___ Candidate's Optional Statement

___ Biography Form (1501) completed and signed by Candidate (number and asterisk any publications submitted)

___ One copy of all asterisked publications - not required for Visiting Research Series, or Assistant Specialist

___ Candidate's address for correspondence:

(I-9 Form must be completed within 3 days of beginning service or employment will be terminated.)

- ORIGINAL DOSSIER FOR APPROVING AUTHORITY (Add Employment Forms if CP/EVC authority)
- ONE COPY OF DOSSIER FOR DIVISION (if CP/EVC authority)
- ONE COPY OF DOSSIER TO BE RETAINED BY DEPARTMENT