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|  **INSTRUCTIONS:** 1. **Complete and attach Salary Worksheet to Advance recall appointment packet, for all new PAID faculty recall appointments.**
2. **Attach signed comp plan statement to Advance recall appointment packet, for recall faculty with comp plan membership.**

**PLEASE NOTE: For change in pay status from WOS to paid, worksheet may be kept outside of Advance and will not require VPAA review.** |
|  |
| **APPOINTEE NAME:** |  |
| **DEPARTMENT:** |  | **EFFECTIVE DATES:** |  |
| **SERVICE CENTER CONTACT:** | **NAME PHONE/EMAIL** |
| **COMP PLAN MEMBERSHIP AS RECALL FACULTY?  YES\*  NO** **\*INCLUDE SIGNED COMP PLAN STATEMENT**  |
| **PRE-RETIREMENT SALARY INFORMATION** **ANNUAL RATE:**  **SCALE/APU:**  **RANK:**  **STEP:**  | **PROPOSED RECALL SALARY INFORMATION** **ANNUAL RATE:** **PERCENT EFFORT:  (Not to exceed 43%)** **SCALE/APU:**  |
| **Check box for NIH Funding Cap Exception:  (Exceptions only for NIH capped funding sources)** |

|  |  |  |
| --- | --- | --- |
| **APPROVAL** |  |  **DATE** |
| **DEPARTMENT CHAIR SIGNATURE:** |  |  |

**GENERAL GUIDELINE FOR RECALL SALARY**

|  |  |
| --- | --- |
| **OPTIONS** | **CONDITIONS** |
| **Recall with membership in HSCP** | **43% maximum; salary rate can be anything greater than APU up to pre-retirement total negotiated salary** |
| **Recall with no membership in HSCP** | **43% maximum; salary rate must be salary scale for rank/step on pre-retirement APU (X+X)\*** |

**For complete policy guidelines on recall appointments, please see** [**APM 205**](http://www.ucop.edu/academic-personnel/_files/apm/apm-205.pdf)**.**

**This worksheet is required for appointments with an effective date of 7/1/2013 or later.**