



David Geffen  
School of Medicine

Dean's Office – Academic Affairs  
Temporary Appointment Form

Name: \_\_\_\_\_  
(Last Name, First Name, Middle Name/Initial – exactly how it appears on Social Security card)

Today's Date: \_\_\_\_\_  
(MM/DD/YYYY)

Department: \_\_\_\_\_

Location: \_\_\_\_\_

Effective Date of Appointment: \_\_\_\_\_ End Date of Appointment: \_\_\_\_\_

UC Recruit # (JPF, SWR, EXR): \_\_\_\_\_ Search Report Name: \_\_\_\_\_

Requested Title: \_\_\_\_\_ Title Code: \_\_\_\_\_

Appointment Classification:

Fellowship/Advanced Training (name of program): \_\_\_\_\_

Interim Pending Appointment As (title/rank/step to be appointed at): \_\_\_\_\_

Jr. Faculty

True Visiting (name of home institution): \_\_\_\_\_

Compensation:

WOS (source of salary support): \_\_\_\_\_

Paid: % of Effort: \_\_\_\_\_ APU: \_\_\_\_\_ AAMC Code: \_\_\_\_\_

Comp Plan: \_\_\_\_\_ Scale: \_\_\_\_\_ Total Scale Rate: \$ \_\_\_\_\_ TNS: \$ \_\_\_\_\_

Candidate Qualifications and Duties:

Department Chair's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_