

PROJECT SCIENTIST DATA SUMMARY

NAME: _____ DEPARTMENT: _____
(Last Name, First Name)

TYPE OF REVIEW(S): _____ Review # _____

(check ALL applicable categories)

Appointment

Merit

Joint Appointment

Secondary Department: _____

Promotion

Change in Department

Other: _____

PRESENT STATUS	PROPOSED STATUS
Rank & Step:	Rank & Step:
Scale 0 Rate: 11 mo	Scale 0 Rate: 11 mo
Years at Rank: Years at Step:	Effective Date:

MAILING ADDRESS:

**A CURRENT, UP-TO-DATE HISTORY RECORD IS REQUIRED
 INSERT IMMEDIATELY FOLLOWING THIS PAGE**

To be completed by Dean's Office of School of College having jurisdiction:

Dean assumes that with respect to the School or College, this action:

requires Chancellor's approval for the off-scale

requires Chancellor's approval for retroactivity

represents final action

DEAN'S ACTION:

CHANCELLOR'S ACTION:

DATE: