

FACULTY SALARY RECOMMENDATION FORM (F-3)

For annual recommendations of salary for members of the faculty



Clear Form

Date: _____ REVISION (circle changes) EMPLID: _____

SECTION I. PERSONAL INFORMATION

Name: _____
Last First Middle

Citizenship: US Citizen Alien Perm Alien Temp If Alien Temp, Country of Citizenship: _____
If there have been any changes in Visa status, please notify the Davis International Center.

SECTION II. SALARY INFORMATION

FTE Salary Action: Change No Change

Effective Date: _____ If term appointment, please indicate Appt. End Date: _____

Appointing Unit: _____

Rank: _____ Title/Functional Description (Optional): _____

Recommended Annual 9-month FTE Salary: \$ _____ Present Annual 9-month FTE Salary: \$ _____

If appointment is other than full-time academic year, please indicate in the space provided below:

Recommended Actual Salary: \$ _____ Present Actual Salary: \$ _____

Duty Time: Fall _____ % Spring _____ % AY _____ % Duty Time: Fall _____ % Spring _____ % AY _____ %

Months: 4.5 months 9 months Months: 4.5 months 9 months

If salary is to be charged in whole/part to other than general department account, indicate both accounts and amounts to be charged:

Department	Fund	Program	Site	Project	Activity	
#1	_____	_____	_____	_____	_____	\$ _____ or FTE % _____
#2	_____	_____	_____	_____	_____	\$ _____ or FTE % _____

This recommendation, and the appraisal below, were approved in substance by unanimous vote majority vote at a meeting of Professors associate professors of the Department on _____.

[In the case of part-time lecturers, the Chair may act without formally consulting the department.]

Signature of Chair/Director of Appointing Academic Unit

Signature of Chair/Director of Joint Appointing Unit

Print Name: _____ Date: _____

Print Name: _____ Date: _____

Form Completed by: _____