		or Teaching Ap his form will be retain	-		intment			
,			Candidate's Name:					
Appointment Title:			Appt. %	Sal	ary at 100%	\$		Annually
UCR Fund Source:								
If Adjunct Professor withou graduate program if a minir				s associated wit	th the underg	graduate	or	
If this is a visiting professo	or appointment at <100°	%, describe other nor	n-UC sources	of support/inco	me:			
If supplementing a Without Salary appointment, explain the reason for the supplement:								
If you anticipate any chang					·	:		
Please Check the Reason for the Temporary Teaching Position Standard Curriculum: Sabbatical Leave: Personal Leave: Administrative Duties: Course Buyout:								
Standard Curriculum:	Sabbatical Leave:	Personal Leav	eave: Administrative D		Duties:	Course Buyout:		
				Ш			Ш	
Explain here if necessary:								
Department Chair Comme	nts (Optional):							
Department Chair:			Department Chair Signature :					
BCOE Dean's Office Staff	Comments:		1					
Record of Vote:			Outcome of Dept. Meeting in which Faculty were Consulted:					
BCOE Dean's Office Staff	Name (print)	BCOE Dean's Office	e Staff Signati	ure	Janna Le (initials)	Blanc	Pat Har (initials)	