Appointee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Annual Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Fund Account: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fund Effective Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fund Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Fund Effective Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fund Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fund Effective Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fund Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fund Effective Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Percent Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach Required Documents:**

⊠ Job description

⊠ Curriculum vitae (CV) or resume

⊠ Evidence of Degrees Conferred: Degree Diplomas

⊠ Degree Transcripts

⊠ Provide a brief memo analyzing the candidate’s qualifications and how the qualifications meet the needs of the research project and ANR unit.

⊠ Draft re-appointment letter from Principal Investigator (PI); letter should copy the County Director, BOC-Kearney Unit and ANR Contracts & Grants.

**Employment Information:**

Is the appointee currently employed by UC ANR?                        Yes        \_\_\_\_\_         No

If yes, please provide the following:

Current Payroll Title:

Appointment Percent Time:

Appointment End Date:

Bargaining Unit *(if applicable)*:

Reason for Title Change:

If applicable, appointment requests are subject to Labor Relations Verification (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_)

Reviewed by:

ANR Requesting Supervisor/Principal Investigator Signature Date

ANR Unit Director (where applicable) Signature Date

Director, REC System (if applicable) Signature Date

BOC/Other Responsible Financial Officer Office Signature Date

(*for funding verification)*

Academic HR ManagerSignature Date

 **Approved by:**

Vice Provost of Cooperative Extension Signature Date