UC ANR ACADEMIC HUMAN RESOURCES UNIT (AHR)

VISITING SCHOLAR and OTHER VISITORS

APPOINTMENT REQUEST FORM

UC ANR Host Appointee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Last Name Full First Name Full Middle Name

Appointment Effective Period:

Title, Rank and Step at Scholar’s University: \_\_\_\_ \_\_\_\_

University from which Scholar is on leave:

Proposed Title, Rank and Step for UC ANR at UC Davis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree attained, Discipline, Granting Institution:

Is the Visiting Scholar an international person? No Yes If Yes, Contact Karen Ellsworth

FROM THE HOST ANR ACADEMIC MEMBER

Check applicable details (in accordance with APM Section 430:

<http://www.ucop.edu/academic-personnel-programs/_files/apm/apm-430.pdf>

☐ Visiting Scholar and Other Visitor Appointment (or Reappointment) Request Form

☐ ANR Host Appointee Justification Request memo to include Purpose Statement, Summary of Research Projects, duties, roles and responsibilities, expected outcomes and mutual benefit.

☐ Visitor’s Curriculum Vitae

☐ Indicate what Visa category is required (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Guarantee of payment of SISS Recharge fee ($490) (indicate account details below)

☐ Fund Account, Sub-Account, Project Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justification for Request memo will briefly summarize the academic purpose for this visiting appointment including all proposed activities, expectations and outcomes

Submit form and attachments listed above to Karen Ellsworth, Academic Human Resources Analyst no less than 120 calendar days prior to requested appointment start date.

FROM THE (INTERNATIONAL) VISITOR

☐ Curriculum Vitae

☐ Evidence of Health and Accident Insurance

☐ Scholar’s Evidence of Financial Self-Support

☐ Scholar’s Evidence of Leave of Absence from Academic Appointment

☐ Evidence of enrollment in a degree granting program or equivalent, as applicable

☐ Evidence of (terminal) degree, as applicable

FROM THE ACADEMIC HUMAN RESOURCES UNIT

☐ Draft Appointment Letter

☐ Signatures on Appointment or Reappointment Request Form

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by:

ANR Immediate Supervisor Signature Date

ANR Unit Director (where applicable) Signature Date

BOC/Other Responsible Financial Officer Signature Date

*(for fund verification only)*

ANR Academic Human Resources Manager Signature Date

**Signature of Approval by:**

Vice Provost of Cooperative Extension Signature Date