

# UC Riverside Academic Recall Appointment

Employee Information				
Employee ID:		Name:		
Status at Time of Retirement				
Home Campus:		Title:		
Home Department:		Step:	Basis:	Scale Type:
Retirement Date:	Type: <input type="checkbox"/> Monthly Income <input type="checkbox"/> Lump Sum	Annual Salary:		Scale Date:
Proposed Recall Appointment				
College/School:		Title:		
Department:		Annual Salary:		Scale:
Begin Date:	End Date:		Percent Time:	
Per Course Rate (teaching only):		Total Annual Compensation:		
Fund Source(s):				
Other notes:				
Proposed Recall Duties				
<b>Purpose of Recall:</b> <input type="radio"/> Teaching <input type="radio"/> Research <input type="radio"/> Administrative <input type="radio"/> Other		<b>Description of Duties:</b> _____ _____ _____ _____		
Teaching Assignment				
Quarter/Year (e.g. F13)	Course #	Course Title		
Retiree Acknowledgement				
I understand that my annual recall compensation from all UC sources may not exceed 43% of my annual salary at the time of retirement, adjusted to the current pay scale. <input type="checkbox"/>		I understand I must sign and submit the UCRP Retired Employee Election form to the UCR Benefits Office prior to my recall service (not required for retirees who elected the lump sum cash out option) <input type="checkbox"/>		
I understand that my appointment is contingent upon the availability of funding and programmatic considerations. <input type="checkbox"/>		I understand that my recall appointment cannot begin prior to receipt of my first retirement income check. <input type="checkbox"/>		
Have you been employed at another UC Campus within the past 12 months. <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, Campus: _____ Dates: _____		
_____		_____		
Employee Signature		Date		
Recommendation and Approval				
_____		_____		
Hiring Unit-Department Head		Date		
_____		_____		
Dean		Date		
_____		_____		
Executive Vice Chancellor and Provost (required for exceptions only)		Date		