

**UC RIVERSIDE ACADEMIC RECALL APPOINTMENT**

**EMPLOYEE INFORMATION**

Employee ID:		Name:	
<b>STATUS AT TIME OF RETIREMENT</b>			
Home Campus:		Title:	
Home Department:			
Step:	Basis:	Scale Type:	
Retirement Date:	Type:	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**

Purpose of Recall: <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Administrative <input type="checkbox"/> Other	Description of Duties:
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**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 ( <i>not required for retirees who elected the lump sum cash out option</i> )  <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:
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**RECOMMENDATION AND APPROVAL**

Hiring Unit-Department Head:	Date:
Dean:	Date:
Executive Vice Chancellor and Provost:	Date: