**NAME:**

**DEPARTMENT:**

**DIVISION:**

**RECALL FACULTY CHECKLIST**

*Use this checklist when assembling Recall Faculty documentation*

Recall Faculty: A retired faculty from UCI is being proposed for an appointment to provide teaching, research and/or clinical service (43% maximum. A minimum 30-day break in service is required prior to an initial appointment.

[ ]  Recall Faculty Checklist

[ ]  Rank, Step and Scale at the time of retirement:

 (Faculty’s p*ay rate will be equal to the X+X’ rate upon Recall)*

[ ]  Faculty Member has chosen to be in the Health Sciences Compensation plan: [ ]  **YES** [ ]  **NO**

If Yes, the APU =

[ ]  Health Sciences Compensation Plan Statement of Agreement – if applicable.

*Recall faculty that choose to be in the Faculty Compensation Plan (eligible for Y and/or Z salary components) should sign a copy of this* [*Statement of Agreement*](https://medschool.uci.edu/about/academic-affairs/faculty-academics/recall-leave-and-adverse-actions)*; and the statement must be included in the file. Department must provide the faculty with a copy of the* [*Health Sciences Faculty Compensation Plan*](https://ucop.edu/academic-personnel-programs/_files/apm/apm-670.pdf) *and the* [*UCI Implementation Procedures*](https://medschool.uci.edu/sites/default/files/2023-03/SOM%20HS%20Compensation%20Plan_Implementing%20Procedures_%20Effective%20%207.1.15.pdf)*.*

[ ]  Letter from Chair outlining responsibilities and % of time (maximum 43%)

[ ]  [UCI-AP-57-SOM](http://ap.uci.edu/wp-content/uploads/UCI-AP-57-SOM.pdf) Academic Recall Form

[ ]  CV - please include for all new Recall appointments only (not annual renewals)

[ ]  Account Fund - Recall Faculty Paid:

[ ]  Will this be NIH Funded: [ ]  **YES** [ ]  **NO**

[ ]  If NIH Funded, will the department cover the differential: [ ]  **YES** [ ]  **NO**  **[ ]  NA**

**Send all items to the SOM Analyst assigned to your Department**