

UC San Diego Health

ACADEMIC RECALL APPOINTMENT FORM

EMPLOYEE INFORMATION		
Employee ID:	Name:	Home Campus:
PRE-RETIREMENT INFORMATION		
Home Dept:	TC/Title/Rank:	Step:
Total Negotiated Salary (TNS): \$	Scale/APU (at time of retirement):	Retirement Date:
PROPOSED RECALL APPOINTMENT		
School:	Department:	Up To Percent Time:
Begin Date:	<i>Begin Date must be at least 30 days after retirement date</i>	End Date:
Covered compensation (X, X', Y') \$ Minimum salary rate. Range adjusted to current HSCP Scale.		Description of Recall Duties: Funding Source(s):
Requested Negotiated Salary: x = \$ Enter % Effort (i.e., 0.43) and Annual Salary to compute Actual RTAD rate		
Hourly Rate: \$ Hourly Rate will be automatically calculated		
Purpose of Recall: Teaching Administrative Research Other		
Teaching Assignment: Quarter	Course #	Course Title
GENERAL GUIDELINE FOR RECALL SALARY (APM 205) CLICK HERE FOR MORE INFO		
OPTIONS	CONDITIONS	
Recall with membership in HSCP TC 1701	<ul style="list-style-type: none"> ▪ 43% maximum; salary rate equal to or greater than covered comp for rank/step on pre-retirement APU (X, X', Y') 	
Recall with no membership in HSCP	<ul style="list-style-type: none"> ▪ 43% maximum; salary must be covered comp rate for rank/step on pre-retirement APU (X, X', Y') 	
RETIREE ACKNOWLEDGEMENT		
<ul style="list-style-type: none"> ▪ I understand that my total annual recall compensation from all UC sources may not exceed a total of 43% per month, inclusive of all recall appointments. 	<ul style="list-style-type: none"> ▪ I understand I must sign and submit the UCRP Retired Employee Election form to the UCSD Payroll Office MC 0952 prior to my recall service (<i>not required for retirees who elected the lump sum cash out option</i>). Click here to access form. 	
<ul style="list-style-type: none"> ▪ I understand that my appointment is contingent upon the availability of funding and programmatic considerations. 	<ul style="list-style-type: none"> ▪ I understand that my recall appointment cannot begin prior to receipt of my first retirement income check. 	
<ul style="list-style-type: none"> ▪ I understand that I will be subject to the terms and conditions of the HSCP, if applicable. 		
Employee Signature:	Date:	
RECOMMENDATION AND APPROVAL		
Hiring Unit – Department Head	Date:	
Secondary Department Head (Joint Appointment)	Date:	
Health Sciences	Date:	
Executive Vice Chancellor-Academic Affairs	Date:	