

UC San Diego Health

New Health Sciences Faculty Orientation

September 14, 2017

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Professor of Pediatrics and Family Medicine and Public Health

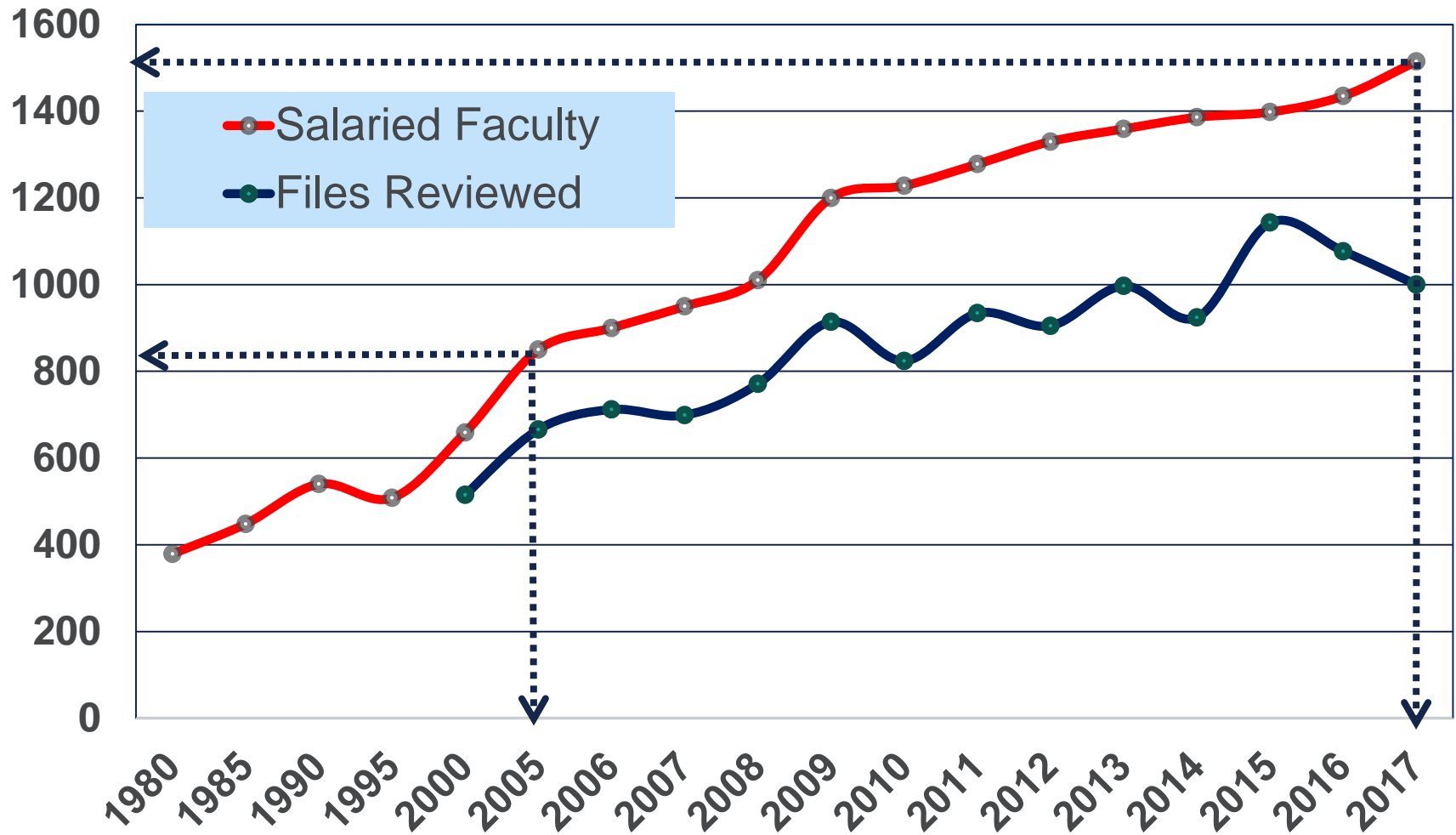
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¹ Professor of Pharmacology



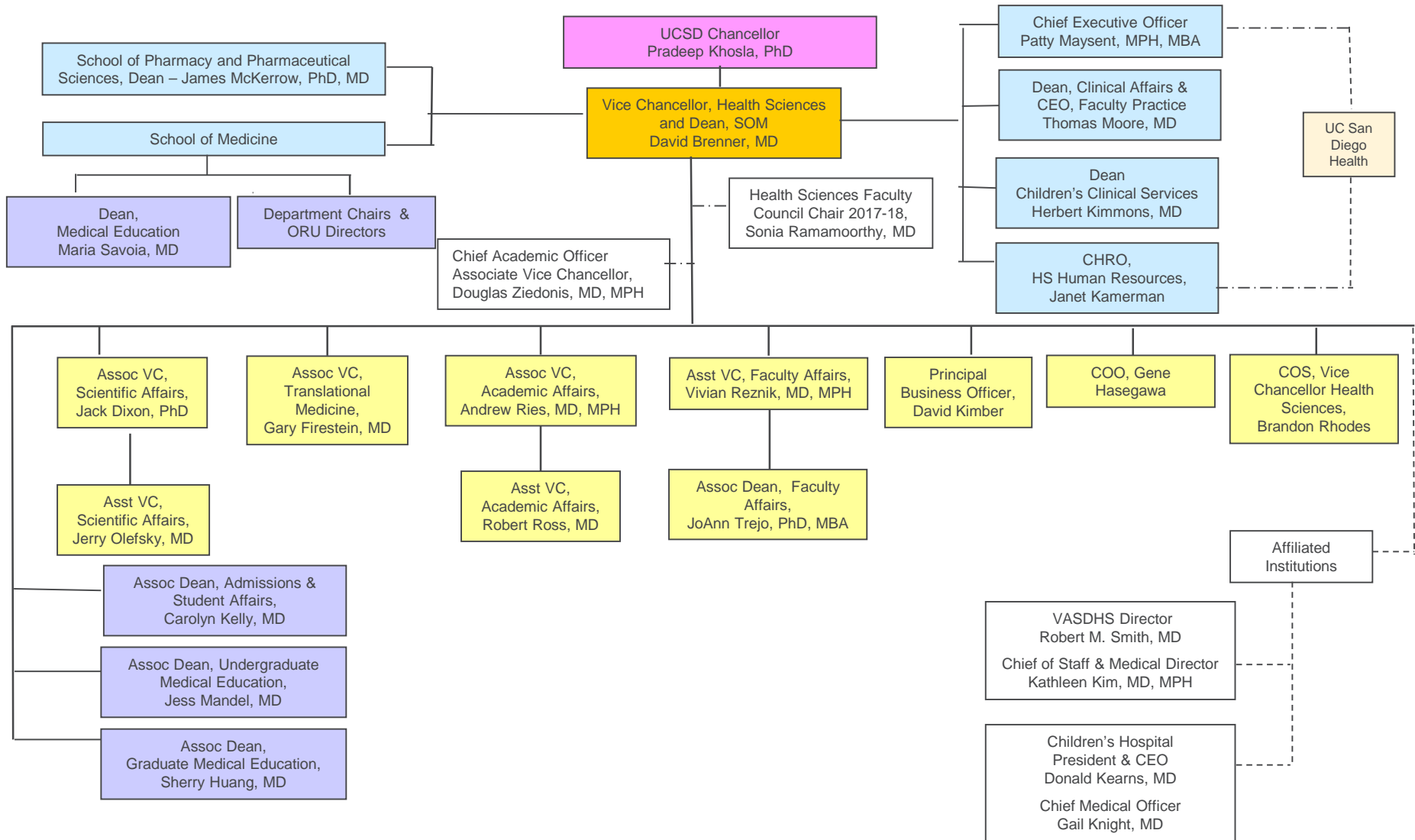
Growth of Health Sciences Faculty and Academic Files



Salaried faculty includes Ladder Rank, In Residence, Clinical X, HS Clinical & Adjunct

Files reviewed include Salaried Faculty, Research/Project Scientists, NS Adjunct, Visiting, Academic Coordinators & Specialists

UC San Diego Health Sciences Organization Chart (Abbreviated)



Health Human Resources

HHR works in partnership with your Department Business Office to manage:

- Benefits
- Classification of Job Descriptions
- Compensation
- Employee Relations
- Hiring Staff
- Layoffs
- Performance Management and Discipline
- Staff Timekeeping

Have Questions?

Call Us: 619-543-3200

Faculty Compensation

UC Faculty Compensation 101

- Salary components: X, Y, Z
 - X: base salary, based on academic rank and step
 - Y: negotiated additional salary (annual)
 - Z: incentive compensation (e.g., clinical)

- Covered compensation: official UC salary covered under retirement plan (UCRP)
 - Based on APU (Academic Program Unit): Scales 0-9
 - X: APU Scale 0
 - X': additional UCRP salary (APU scale 1-3)
 - Y': additional UCRP salary (APU scale 4-9)
 - Covered Compensation = **X + X' + Y'**

Health Sciences Faculty Salary Scale

1.5% Range Adjusted, effective 07/01/2017

| UCSD Scales | | | | | | | | | | | | | | | | | | | | | FY 17-18 SCALE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Health Sciences Faculty Salary Scales | | | | | | | | | | | | | | | | | | | | | 1.5% Range Adjusted | | | | | | | | | | | | | | | | | | | | | ROUNDING UP | | | | | | | | | | | | | | | | | | | | |
| Health Sciences Compensation Plan (HSCP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rank | Step | X | | X + X' | | X + X' | | X + X' | | X + X' + Y' | | X + X' + Y' | | X + X' + Y' | | X + X' + Y' | | X + X' + Y' | | X + X' + Y' | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Scale 0 | Scale 1 | Scale 2 | Scale 3 | Scale 4 | Scale 5 | Scale 6 | Scale 7 | Scale 8 | Scale 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1.0 | 1.1 | 1.2 | 1.3 | 1.4 | 1.5 | 1.65 | 1.8 | 2.0 | 2.25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructor | | 60,300 | 5,025.00 | 66,400 | 5,533.33 | 72,400 | 6,033.33 | 78,400 | 6,533.33 | 84,500 | 7,041.67 | 90,500 | 7,541.67 | 99,500 | 8,291.67 | 108,600 | 9,050.00 | 120,600 | 10,050.00 | 135,700 | 11,308.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asst Prof | I | 70,000 | 5,833.33 | 77,000 | 6,416.67 | 84,000 | 7,000.00 | 91,000 | 7,583.33 | 98,000 | 8,166.67 | 105,000 | 8,750.00 | 115,500 | 9,625.00 | 126,000 | 10,500.00 | 140,000 | 11,666.67 | 157,500 | 13,125.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | II | 74,300 | 6,191.67 | 81,800 | 6,816.67 | 89,200 | 7,433.33 | 96,600 | 8,050.00 | 104,100 | 8,675.00 | 111,500 | 9,291.67 | 122,600 | 10,216.67 | 133,800 | 11,150.00 | 148,600 | 12,383.33 | 167,200 | 13,933.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | III | 78,300 | 6,525.00 | 86,200 | 7,183.33 | 94,000 | 7,833.33 | 101,900 | 8,483.33 | 109,700 | 9,141.67 | 117,500 | 9,791.67 | 129,200 | 10,766.67 | 141,000 | 11,750.00 | 156,600 | 13,050.00 | 176,200 | 14,683.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IV | 82,800 | 6,900.00 | 91,100 | 7,591.67 | 99,400 | 8,283.33 | 107,700 | 8,975.00 | 116,000 | 9,666.67 | 124,200 | 10,350.00 | 136,700 | 11,391.67 | 149,100 | 12,425.00 | 165,600 | 13,800.00 | 186,300 | 15,525.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | V | 87,000 | 7,250.00 | 95,700 | 7,975.00 | 104,400 | 8,700.00 | 113,100 | 9,425.00 | 121,800 | 10,150.00 | 130,500 | 10,875.00 | 143,600 | 11,966.67 | 156,600 | 13,050.00 | 174,000 | 14,500.00 | 195,800 | 16,316.67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | VI | 91,600 | 7,633.33 | 100,800 | 8,400.00 | 110,000 | 9,166.67 | 119,200 | 9,925.00 | 128,300 | 10,691.67 | 137,400 | 11,450.00 | 151,200 | 12,600.00 | 164,900 | 13,741.67 | 183,200 | 15,266.67 | 206,100 | 17,175.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assoc Prof | I | 113,300 | 9,441.67 | 122,000 | 10,166.67 | 130,700 | 10,891.67 | 143,800 | 11,983.33 | 156,800 | 13,066.67 | 174,200 | 14,516.67 | 196,000 | 16,333.33 | 219,000 | 18,250.00 | 247,000 | 20,583.33 | 280,000 | 23,333.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | II | 91,700 | 7,641.67 | 100,900 | 8,408.33 | 110,100 | 9,175.00 | 119,300 | 9,941.67 | 128,400 | 10,700.00 | 137,600 | 11,466.67 | 151,400 | 12,616.67 | 165,100 | 13,758.33 | 183,400 | 15,283.33 | 206,400 | 17,200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | III | 96,400 | 8,033.33 | 106,100 | 8,841.67 | 115,700 | 9,641.67 | 125,400 | 10,450.00 | 135,000 | 11,250.00 | 144,600 | 12,050.00 | 159,100 | 13,258.33 | 173,600 | 14,466.67 | 192,800 | 16,066.67 | 221,900 | 18,483.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IV | 102,200 | 8,516.67 | 112,500 | 9,375.00 | 122,700 | 10,225.00 | 132,900 | 11,075.00 | 143,100 | 11,925.00 | 153,300 | 12,775.00 | 168,700 | 14,058.33 | 184,000 | 15,333.33 | 204,400 | 17,033.33 | 230,000 | 19,166.67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | V | 110,100 | 9,175.00 | 121,200 | 10,100.00 | 132,200 | 11,016.67 | 143,200 | 11,933.33 | 154,200 | 12,850.00 | 165,200 | 13,766.67 | 181,700 | 15,141.67 | 198,200 | 16,516.67 | 220,200 | 18,350.00 | 247,800 | 20,650.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Professor | I | 102,300 | 8,525.00 | 112,600 | 9,383.33 | 122,800 | 10,233.33 | 133,000 | 11,083.33 | 143,300 | 11,941.67 | 153,500 | 12,791.67 | 168,800 | 14,066.67 | 184,200 | 15,350.00 | 204,600 | 17,050.00 | 230,200 | 19,183.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | II | 110,200 | 9,183.33 | 121,300 | 10,108.33 | 132,300 | 11,025.00 | 143,300 | 11,941.67 | 154,300 | 12,858.33 | 165,300 | 13,775.00 | 181,900 | 15,158.33 | 198,400 | 16,533.33 | 220,400 | 18,366.67 | 248,000 | 20,666.67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | III | 118,600 | 9,883.33 | 130,500 | 10,875.00 | 142,400 | 11,866.67 | 154,200 | 12,850.00 | 166,100 | 13,841.67 | 177,900 | 14,825.00 | 195,700 | 16,308.33 | 213,500 | 17,791.67 | 237,200 | 19,766.67 | 266,900 | 22,241.67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IV | 127,300 | 10,608.33 | 140,100 | 11,675.00 | 152,800 | 12,733.33 | 165,500 | 13,791.67 | 178,300 | 14,858.33 | 191,000 | 15,916.67 | 210,100 | 17,508.33 | 229,200 | 19,100.00 | 254,600 | 21,216.67 | 286,500 | 23,875.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | V | 136,700 | 11,391.67 | 150,400 | 12,533.33 | 164,100 | 13,675.00 | 177,800 | 14,816.67 | 191,400 | 15,950.00 | 205,100 | 17,091.67 | 225,600 | 18,800.00 | 246,100 | 20,508.33 | 273,400 | 22,783.33 | 307,600 | 25,633.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | VI | 147,400 | 12,283.33 | 162,200 | 13,516.67 | 176,900 | 14,741.67 | 191,700 | 15,975.00 | 206,400 | 17,200.00 | 221,100 | 18,425.00 | 243,300 | 20,275.00 | 265,400 | 22,116.67 | 294,800 | 24,566.67 | 331,700 | 27,641.67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | VII | 159,000 | 13,250.00 | 174,900 | 14,575.00 | 190,800 | 15,900.00 | 206,700 | 17,225.00 | 222,600 | 18,550.00 | 238,500 | 19,875.00 | 262,400 | 21,866.67 | 286,200 | 23,850.00 | 318,000 | 26,500.00 | 357,800 | 29,816.67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | VIII | 172,200 | 14,350.00 | 189,500 | 15,791.67 | 206,700 | 17,225.00 | 223,900 | 18,658.33 | 241,100 | 20,091.67 | 258,300 | 21,525.00 | 284,200 | 23,683.33 | 310,000 | 25,833.33 | 344,400 | 28,700.00 | 387,500 | 32,291.67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IX | 186,600 | 15,550.00 | 205,300 | 17,108.33 | 224,000 | 18,666.67 | 242,600 | 20,216.67 | 261,300 | 21,775.00 | 279,900 | 23,325.00 | 307,900 | 25,658.33 | 335,900 | 27,991.67 | 373,200 | 31,100.00 | 419,900 | 34,991.67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

UC Retirement Program (UCRP)*

For UC Employees Hired Prior to July 1, 2016

- Generous benefit of UC employment
- Defined Benefit (vs Defined Contribution)
 - Member if > 50% for 12 consecutive mos (1,000 hrs)
 - Vested after 5 years service credit
 - Entitled to future retirement benefits
 - Retirement pay based on
 1. Age
 - (50 or after 1976/2013 Modified Tier)
 - (Age 55 if you are in 2013/2016 Tiers)
 2. Years of service
 3. Highest Average Covered Compensation (HAC)
 - HAC: highest average 3 consecutive years of salary
 - Age factor: 1.1% at 50, up to max of 2.5% at 60 (0.14% per year)
- Additional available contribution plans
 - 403(b) and 457(b)
 - Pre-tax voluntary contributions

UC 2016 Retirement Program

For UC Employees Hired On or After July 1, 2016

- Option 1:
 - Pension with California Public Employees' Pension Reform Act (PEPRA) cap
 - Applies to eligible pay up to \$117K
 - 401(k)- style supplemental benefit
 - Applies to eligible pay above \$117K up to \$265K
- Option 2:
 - New 401(k)-style stand-alone benefit
 - Applies to eligible pay up to \$265K

Academic Affairs

Faculty Appointments

- UC system is complicated – 11 different titles
 - 6 salaried faculty series (“Professor”)
 - Ladder Rank
 - In Residence
 - Adjunct
 - Clinical “X”
 - Health Sciences (HS) Clinical
 - Professor of Practice
 - 2 academic (research) series
 - Research Scientist
 - Project Scientist
 - 3 voluntary/nonsalaried faculty titles
 - Adjunct
 - Voluntary Clinical
 - HS Clinical

Academic Affairs

Academic Rank & Step

- Assistant Professor: 2 years
 - Steps 1-6
 - Promotion normally after 6 years (Step 4)
 - Maximum 8 years (probationary period)
- Associate Professor: 2 years
 - Steps 1-5
 - Promotion normally after 6 years (Step 3)
- Professor: 3-4 years
 - Steps 1-9
 - “Career” (promotion) review @ Step 6
- Professor Above Scale

Academic Affairs

Steps & Promotion

| | | | | | | | | | | | | | | | | | |
|------------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------|
| ASSISTANT | Step 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | |
| ASSOCIATE | | | | | 1 | 2 | 3 | 4 | 5 | | | | | | | | |
| PROFESSOR | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Above Scale |



Academic Affairs

Academic Resource Center (ARC)

- Provides administrative support services for faculty, academics, scholars
 - Department liaisons for:
 - Recruitments
 - Appointments
 - Reviews
 - Personnel Administration
 - Compensation and Timekeeping

- **Mission:**

Provide expert, timely service and objective advice for faculty, academics, and scholars as they work to fulfill the UCSD mission of groundbreaking research, inspired teaching, and clinical service.

Components of a File

- UC Academic Biography & Bibliography (BioBib)
 - Biography
 - Bibliography
 - Candidate's Personal Statement
 - Teaching



Academic Biography & Bibliography Form

Name: _____
Last, First, Middle
Department _____ Title(s) _____

Section I: Employment History and Education

Previous Applicable Employment

Please provide a full account of your time from the date of your first academic (or otherwise relevant) employment to the present, including any periods when you were not employed. Indicate part-time appointments. Provide salary or approximate annual earnings in all cases. Please include all previous University of California employment. You may provide supplementary information if necessary.

| Period of employment From: To: | Institution, firm or organization | Location | Rank, title, or position | Approximate annual salary |
|-----------------------------------|-----------------------------------|----------|--------------------------|---------------------------|
|-----------------------------------|-----------------------------------|----------|--------------------------|---------------------------|

Education

| School, college, university, or hospital (internship, residency, or fellowship) | Dates of attendance | Location | Major subject or field | Degrees or certificates | Date received |
|---|---------------------|----------|------------------------|-------------------------|---------------|
|---|---------------------|----------|------------------------|-------------------------|---------------|

Please indicate areas of sub-specialization or board certification, if any. Also include a list of special licenses or permits and the dates received.

Section II: Professional Data

Please list your activities in each of the following eight categories. Please provide dates of awards or service.

(a) **University Service** (Include service at the departmental, college, Academic Senate, campuswide, and systemwide levels.)

(b) **Memberships** (Include scholarly societies, professional boards, civic organizations, etc.)

(c) **Honors and Awards** (Include the dates they were received.)

(d) **Contracts and Grants** (Provide the following information for current contracts and grants.)

| Title | Granting agency | Amount of total award (include indirect costs) | Time period of contract/grant | Role (e.g. PI, co-investigator, project leader, etc.) List co-PIs/corresponding share of total award (total must = 100%) |
|-------|-----------------|--|-------------------------------|---|
|-------|-----------------|--|-------------------------------|---|

Suggested Subsections and Examples of Subcategories for Bibliography

| Section A: Primary Published or Creative Work | Section B Other Work | Section C: Work in Progress |
|--|--|--|
| <p>Suggested Subsections:</p> <ol style="list-style-type: none"> I. Original Peer-Reviewed Work or Listing Creative Endeavors II. Review and Invites Articles III. Books and Book Chapters IV. Refereed Conference Proceedings | <p>Suggested Subsections:</p> <ol style="list-style-type: none"> I. Other Conference Proceedings II. Abstracts III. Popular Works IV. Additional Products of Major Research | <p>Work in Progress</p> |
| <p>Examples of Common Subcategories:</p> <ul style="list-style-type: none"> • Research Articles • Review Article • Performance • Digital media • Compositions • Refereed Journal Articles • Exhibitions • Videos | <p>Examples of Common Subcategories:</p> <ul style="list-style-type: none"> • Encyclopedia Entry • Book/Media Review • Patent/Patent License • Website • Technical Report • Book Review • Software • Presentations | <p>Examples of Common Subcategories:</p> <ul style="list-style-type: none"> • In Progress • Abandoned • No Longer in Progress |
| <p>NOTES:</p> <ul style="list-style-type: none"> • Citations should be in a format appropriate for your discipline and acceptable to your division or school • Citations should be numbered and listed in chronological order • Other subcategories may be used if appropriate for your discipline *This is not all inclusive* | | |



Leaves & Family Accommodations

- Leaves
 - Childbearing (pregnancy)
 - 6 week minimum (not vacation)
 - Minimum pay at covered compensation ($X + X' + Y'$)
 - Department specific (often more generous)
 - Parental Bonding Leave (need to care for a child)
 - Minimum of 12 weeks, 6 weeks paid at covered compensation ($X + X' + Y'$)
 - Family Leave Without Pay
 - Need to care for a child or other family member
 - Up to one year without pay
 - May use vacation
 - Active Service Modified Duty (ASMD)
 - Prepare or care for child (newborn or adopted/foster < 5yrs)
 - Up to 1 quarter (2 for birth mother) – not vacation
 - Minimum pay at “base” salary
 - Department specific

Leaves & Family Accommodations

Academic Review

- Probationary Period
 - 1 year extension for substantial child care responsibility (2 max)
 - May request up to 6th year
 - Automatic unless opt out
- Defer Academic Review
 - 1 year defer for substantial child care responsibility (2 max)

UCSD Payroll/Personnel Academic Leave of Absence/Sabbatical Form

**UCSD PAYROLL/PERSONNEL
ACADEMIC LEAVE OF ABSENCE/SABBATICAL
UPAY 573-6 (R1/91)**

| | | | | |
|-----------------|---------------|-------------|-----------|--------------|
| Employee I.D. # | Date Prepared | Prepared By | Mail Code | Phone Number |
|-----------------|---------------|-------------|-----------|--------------|

| | | |
|--|--------------------------------|-------------|
| Name (Last, First, Middle Initial): | Department: | Title: |
| Address While On Leave (To change w-2 or check address - use form UPAY 544): | Appointment End Date (If Any): | Rank & Step |

SABBATICAL LEAVE*

Purpose: Indicate Specific Purpose & Location Of Leave -Attach Detailed Leave Plan

Number Of Sabbatical Credits To Be Deferred: _____

Purpose

04 Pregnancy Disability
 05 Extended Illness
 06 Gov't Public SVC
 07 Prof Devel.
 08 Personal
 09 Workers' Comp (WOS)
 10 Furlough
 11 Military

12 Special Research
 13 Admin
 15 FMLA Without Pay
 16 FMLA With Pay
 99 Parental
 99 Other (Including Leave In Lieu of Sabbatical)

Indicate Specific Purpose Of Leave And Location While On Proposed Leave:

Compensation

01 Full Salary
 02 Partial Salary --> _____ %
 03 In Residence-Full Salary**

Other Sources Of UC And Non-UC Income While On Leave: _____

Compensation

No Salary
 Full Salary
 Other _____ %

Other Sources Of UC & Non-UC Income While On Leave (If None, Please So State): _____

**If Sabbatical In Residence, List Courses, Hours, And, If Applicable, Clinical Instruction:
 Course Number/QTR: _____ Full Responsibility For Courses?
 Hours Per Week/QTR: _____
 Clinical Instruction/QTR: _____

Period of Leave - Month, Date, Year

Pay Period of Leave: From _____ Through _____

Service Qtrs. Of Leave: Fall Winter Spring Summer

Period of Leave - Month, Date, Year

Pay Period Of Leave: From _____ Through _____

Service Qtrs. Of Leave: Fall Winter Spring Summer

Is This An Extension Of A Previous Leave? Yes No

If Yes, Indicate Original Dates Of Leave: From _____ Through _____

Disposition of Work
 (Include Names/Titles Of Individuals Teaching Applicant's Classes): _____

Applicant A Principal Investigator? Yes No Substitute _____

Sponsoring Agency Approved Substitute? Yes No

Disposition of Work
 If Yes, List Course Number(s) _____

Name/Title Of Individual(s) Covering Course(s) _____

(Including Administering Final Exam, If Applicable)

Applicant A Principle Investigator? Yes No Substitute _____

Sponsoring Agency Approved Substitute? Yes No

Certification

I hereby certify that I have read the Standing Order of the Regents and the Regulations of the President governing the award of sabbatical leaves and that I shall accept the requested leave if granted under the conditions set forth in these regulations and shall continue my service at the University following said leave for a period at least equal to the period of the leave.

Remarks (If Absence Includes Vacation, Indicate Dates Here): _____

| | | | | | |
|--------------------|------|---------------|------|-----------------------------|-------------------------|
| Employee Signature | Date | Dean/Director | Date | For APO Use Only | Number of Service Days: |
| Department Chair | Date | SVC | Date | CEP Approval (If Necessary) | Other |
| | | | | Personnel | Date |
| | | | | | Date |

UCSD Family Accommodations Reporting Form

To: Executive Vice Chancellor, Academic Affairs, 0065
 Via: Dean's Office _____
Deans Initials

Date: _____
 Prepared By: _____
 Extension: _____

Academic Appointee Information:
 Name (Last, First, MI): _____
 Title (Rank & Step): _____
 Department: _____
 Appt. End Date (if Any): _____

Leave/Extension Status:

- Is this an extension of a previous leave request? Yes No
- Was appointee previously granted a probationary period extension? Yes No
 - If "Yes", was the extension based upon the same family event? Yes No
- Was appointee previously granted a deferral of academic review as a family accommodation? Yes No
 - If "Yes", was the deferral based upon the same family event? Yes No

FML Status:

- Is the appointee eligible for Family and Medical Leave? Yes No
- Has the appointee been notified of their FML status in writing? Yes No
- Is the appointee's FML being tracked? Yes No

Childbearing and Parental Bonding Leave

- Type of Leave
 - Childbearing Leave
 - Childbearing Leave Dates: From _____ To _____
 - Pay Period Leave Dates: From _____ To _____
 - Service Quarter(s) of Leave Fall Winter Spring Summer
 - Parental Bonding Leave
 - Parental Bonding Leave Dates: From _____ To _____
 - Pay Period Leave Dates: From _____ To _____
 - Service Quarter(s) of Leave Fall Winter Spring Summer
- Date of Event: _____
- Compensation: Full Salary Other (Provide explanation/justification below)
 - Explanation/Justification (ATTACH ADDITIONAL INFORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED IS REQUIRED):

- Extension of Probationary Period: Is the appointee in a title subject to probationary period? Yes No
 - IF YES-Probationary period will be automatically extended one (1) year unless appointee opts out
 - Opt Out: I DO NOT wish to have my probationary period automatically extended *Appointee Initials* _____
- Deferral of Academic Review:
 - I wish to defer my academic review as a family accommodation. *Appointee Initials* _____

-(If Assistant Rank, deferral must be in coordination with Extension of Probationary Period)

Family Leave

- Leave Period:
 - Leave Dates: From _____ To _____
 - Pay Period Leave Dates: From _____ To _____
 - Service Quarter(s) of Leave Fall Winter Spring Summer
- Reason for leave (ATTACH ADDITIONAL INFORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED IS REQUIRED):

Outside Professional Activities

Conflict of Commitment: Faculty **Time** and Money

- Principle: all professional activity on behalf of the University (i.e., 100% time and effort)
 - Limited outside activity allowed, must be reported
- APM 671 – Outside Professional Activities & Conflict of Commitment
 - Annual report of compensated outside professional activities for all faculty
 - Time commitment (not income)
 - NOTE: APM 025 for non HSCP faculty
 - Category I and II activities only
 - I: COC likely - require prior approval (eg, paid positions)
 - II: COC unlikely - allowed without approval (eg, expert testimony, boards, consulting)
 - III: integral to academic work - not reported (eg, editor, conferences, honoraria, professional society)
 - 48 day limit for FY faculty (+ vacation)

HSCP Reporting Form

SALARY ADMINISTRATION

Conflict of Commitment and Outside Professional Activities of Health Sciences Compensation Plan Participants

ANNUAL HEALTH SCIENCES COMPENSATION PLAN REPORTING FORM FOR CATEGORY I & II COMPENSATED OUTSIDE PROFESSIONAL ACTIVITIES

Fiscal Year Ending June 30, _____

In accordance with APM - 671, all Compensation Plan participants are required to complete this form not later than _____

| | | |
|-----------------------------------|----------------------|------------------|
| Faculty Member Name (Print) _____ | Academic Title _____ | Department _____ |
|-----------------------------------|----------------------|------------------|

| Category I or II | # of Days | Name of Outside Entity | Description of Services Provided | Role (e.g., consultant, speaker, employee, shareholder) | Compensation Dollars in Thousands | |
|---------------------|-----------|------------------------|----------------------------------|---|--|----------------------------------|
| | | | | | Income earned did not exceed the threshold | Income earned exceeded threshold |
| | | | | | <input type="checkbox"/> | \$ _____ |
| | | | | | <input type="checkbox"/> | \$ _____ |
| | | | | | <input type="checkbox"/> | \$ _____ |
| | | | | | <input type="checkbox"/> | \$ _____ |
| | | | | | <input type="checkbox"/> | \$ _____ |
| | | | | | <input type="checkbox"/> | \$ _____ |
| <i>Total # Days</i> | | | | <i>Total income earned</i> | \$ | \$ _____ |

| |
|---|
| <input type="checkbox"/> I did not engage in Category I or II activities during the reporting period. |
| <input type="checkbox"/> Total income earned did not exceed the earnings threshold. |
| I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of _____ Health Sciences Compensation Plan Implementation Procedures, and my departmental guidelines for the Plan regarding limitations on the retention of earnings, and time spent in Outside Professional Activities. |
| Faculty Member Signature _____ |
| Date _____ |

| | |
|---|------------|
| The department chair's signature affirms the form was received and reviewed. Corrective actions should be implemented for time reports (days) that are above the annual limit and for unapproved Category I activities. | |
| Department Chair Signature _____ | Date _____ |

GENERAL UNIVERSITY POLICY REGARDING ACADEMIC APPOINTEES
Conflict of Commitment and Outside Activities of Faculty Members

Prior Approval Form for Outside Activities (CAT 1)

PRIOR APPROVAL FORM FOR OUTSIDE ACTIVITIES (CATEGORY I)

Name: _____ Faculty Title: _____
Last First M.I. Academic- or Fiscal-Year Appointment: _____
Department: _____ College/School: _____

For each Category I outside professional activity in which you wish to engage in outside professional activities, answer the following questions. Attach separate sheets, if necessary.

Type of activity in which you will be involved:

Category I Activities

Executive/managerial role: _____

Salaried employee: _____

Outside teaching or research activity: _____

Other potential conflict of commitment: _____

General description of the business/agency/organization/group/individual: _____

Activities/products/services of entity described above: _____

Nature of your relationship to entity named above (check all that apply):

Founder/co-founder: _____

Owner: _____

Consultant: _____

Board member: _____

Salaried employee: _____

Stockholder/partnership interest: _____

Equity/royalty interest: _____

Other, please explain: _____

Description of the nature of your participation in this activity, including, if you wish, possible beneficial outcomes to areas of research, industry, and public service:

Beginning/ending month/year you could be involved in this activity: _____

Fiscal year(s) for which seeking approval: _____ (Approvals are generally for one fiscal year but may be granted for a longer term not to exceed five years. Compliance reports must be submitted annually.)

Estimated number of days= involvement during academic- or fiscal-year appointment: _____

Will you be requesting a full- or part-time leave without pay while engaged in this activity? _____

Approval granted through fiscal year
ending June 30, _____

Request denied: _____

Outside Professional Activities

Conflict of Commitment: Faculty Time and **Money**

- Principle: member of HS Comp Plan, must be in good standing to engage in outside activity
- APM 670 – Health Sciences Compensation Plan (HSCP)
 - Rules governing salary components, negotiation, good standing criteria, retention of outside income
 - May retain greater of 1) \$40,000 or 2) 40% of base (X: scale 0) salary
 - Any additional income must pass through HSCP
 - Department specific implementation and good-standing criteria
 - Transparency in finance and salary negotiation procedures
 - Good standing: adhere to Faculty Code of Conduct and other UC rules and regulations

The Office of Faculty Affairs

Facilitating Faculty Success through professional development activities, leadership training, and mentorship



Vivian Reznik, MD, MPH
Assistant Vice Chancellor
Health Sciences Faculty Affairs
Professor of Pediatrics and
Family Medicine & Public Health

JoAnn Trejo, PhD, MBA
Associate Dean
Health Sciences Faculty Affairs
Professor of Pharmacology

Career Development | Health Sciences Office of Faculty Affairs

Professional Development Programs, AY 2017 - 2018

| Date | Event Name |
|---------------------------|--|
| September 14, 2017 | New Health Sciences Faculty Orientation |
| October 10, 2017 | Getting Promoted for Health Sciences Mid-Career Faculty |
| October 19, 2017 | Fidelity: Explore Your Retirement Benefits & Fidelity Options <i>For new, existing, and exiting faculty</i> |
| November 9, 2017 | Women in Health Sciences (WIHS) Fall Reception <i>Family-Flexible Policies to Enhance Academic Careers in Health Sciences</i> |
| January TBA, 2018 | Getting Promoted for Health Sciences Junior Faculty |
| February 22, 2018 | Hiring Staff in Academic Medicine |
| March 21, 2018 | UC Retirement <i>Preparing for and actualizing your retirement</i> |
| April TBA, 2018 | UC San Diego Health Sciences Compensation: The ABCs of XYZ |
| Spring TBA, 2018 | Research Space Allocation for Health Sciences Faculty |
| May 10, 2018 | 6th Annual Celebration of UC San Diego Health Sciences New Women Faculty |

UC San Diego National Center of Leadership in Academic Medicine (NCLAM) Program

- An annual junior faculty leadership development program
- Seven month program begins late January through June 2018
 - 17 workshops every Friday morning from 8:30AM – 12:00PM
 - Each participant is paired with a senior faculty mentor to work on a professional development project
- Call for applications opens on Monday, October 2nd and will close on Tuesday, October 31st at 5:00PM
- Announcements will be sent to eligible faculty via email

New Career Development Programs | Health Sciences Office of Faculty Affairs

Professional Development Programs, AY 2017 - 2018

| Date | Event Name |
|---------------------------------|---|
| September 1 – 29, 2017 | Hispanic Center of Excellence (HCOE) URM Faculty Development Program <i>Accepting Applications</i> |
| October 6, 2017 | Mentoring Up for NCLAM Alumni Junior Faculty |
| November 2 & 3, 2017 | Health Sciences Faculty Mentor Training Program (FMTP) |
| Spring TBA, 2018 | Grant Writing Course for Health Sciences Junior Faculty (GWC) |
| Spring TBA, 2018 | Cultivating a Culture of Respect in the Academic Environment Workshop <i>Collaboration with Physician Assessment and Clinical Education (PACE) Program</i> |

Important Health Sciences Contact Information

- **Office of Academic Affairs**

t 619-543-2021

vhsasa@ucsd.edu

- **Academic Resource Center**

t 619-543-2222

arcrequest@ucsd.edu

arc.ucsd.edu

- **Office of Compliance**

t 858-657-7487

hscomply@ucsd.edu

- **Office of Faculty Affairs**

t 619-543-3274

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hsfacultyaffairs.ucsd.edu

Questions?