SOM APPOINTMENT RENEWAL PROCESS FOR 2014-15

**STAFF PHYSICIANS DUE:** May 15, 2014

Staff Physician forms are located in the Appointments drawer on the SOM Academic Affairs website at [http://www.som.uci.edu/academic-affairs/appointments.asp](http://www.som.uci.edu/academic-affairs/appointments.asp). Requests for new Staff Physician appointments and renewals of appointment are entered online via SOM Staff Recruit. In addition to providing a justification for the appointment, SOM Staff Recruit requires that the following documents be included: NEW Staff Physician Information form ([ATTACHMENT #1](http://www.som.uci.edu/academic-affairs/appointments.asp)), Department Chair’s memo, job description, financial information, and either the approval letter for a new concurrent HS Clinical series-WOS appointment or an approved AP-21 form ([http://www.ap.uci.edu/Forms/APforms/UCI-AP-21.pdf](http://www.ap.uci.edu/Forms/APforms/UCI-AP-21.pdf)), reflecting the renewal of an existing, concurrent HS Clinical series-WOS appointment.

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### The renewal processes for non-Senate academics are categorized as follows:

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>Part Time Faculty (43% or less)</td>
</tr>
<tr>
<td>III</td>
<td>Affiliate Faculty (43% or less)</td>
</tr>
<tr>
<td>IV</td>
<td>Recall Appointments (43% or less)</td>
</tr>
</tbody>
</table>

**Note:** For information regarding Part-time, Affiliate, and Recall faculty appointments, please review the Part-time, Affiliate, and Recall faculty summary ([ATTACHMENT 9](http://www.som.uci.edu/academic-affairs/other-policies.asp)).

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**TYPE I RENEWALS DUE:** May 1-31, 2014 (APM 137- APP 4-09)

These forms are mailed directly to the SOM Academic Affairs Office. They should not be sent electronically.

Type I - Non-Senate Academic Appointees. Please use the [UCI-AP-21 form](http://www.ap.uci.edu/Forms/APforms/UCI-AP-21.pdf) for renewal of the following academic series: Adjunct Professor series, Health Sciences Clinical Professor series, Project Scientist series, Professional Research series, Specialist series, Visiting Professor series, and Visiting Researcher series (Note 2 year maximum for Visiting Titles). If a Non-Senate academic appointee is not being renewed for 2014-15, his name must be vetted using the NEW Adverse Employment Action Vetting Form ([ATTACHMENT #2](http://www.som.uci.edu/academic-affairs/other-policies.asp)). The SOM procedure for non-reappointment of Non-Senate academic appointees is located on the SOM Academic Affairs website at [http://www.som.uci.edu/academic-affairs/other-policies.asp](http://www.som.uci.edu/academic-affairs/other-policies.asp), under “Other Policies/Non-Renewal”. If an employee is being renewed for less than a full year (partial renewal) during 2014-15 or if he will be renewed at a reduced percentage of time during 2014-15, his name must also be vetted. If the proposed non-renewal or partial renewal affects an employee who is appointed at 50% time or greater and has been in the same title or title series for at least 8 consecutive years, a draft notice of intent to non-renew or partially renew should be attached to the Adverse Employment Vetting Form. Sample notices of intent are located on the SOM Academic Affairs website under “Other Policies/Non-Renewal” ([http://www.som.uci.edu/academic-affairs/other-policies.asp](http://www.som.uci.edu/academic-affairs/other-policies.asp)). If the proposed non-renewal affects an employee who has been in the same title or title series for less than 8 consecutive years, a 30-day courtesy notice is sent to the employee. Sample courtesy notices are located on the SOM Academic Affairs website under “Other Policies/Non-Renewal” ([http://www.som.uci.edu/academic-affairs/other-policies.asp](http://www.som.uci.edu/academic-affairs/other-policies.asp)).

4/2014 REVISED
TYPE II & III REWALS DUE: May 1-31, 2014

These forms are mailed directly to the SOM Academic Affairs Office. They should not be sent electronically.

Type II & III - Part Time Faculty and Affiliate Faculty. This renewal process applies to faculty who are appointed at 43% time or less with a title in one of the following series: Adjunct Professor series, Health Sciences Clinical Professor series, Professor of Clinical-X series, and Professor In-Residence series. Attached are the NEW Part-time Faculty Checklist (ATTACHMENT #3) and Part-time Faculty Information form (ATTACHMENT #4), as well as the NEW Affiliate Faculty Checklist (ATTACHMENT #5) and Affiliate Faculty Verification/HSCP Agreement form (ATTACHMENT #6). Part-time and Affiliate Faculty forms are located on the SOM Academic Affairs website at http://www.som.uci.edu/academic-affairs/appointments.asp under “Part-time Faculty” and “Affiliate Faculty”.

TYPE IV RECALL RENEWALS DUE: June 1, 2014

These forms are mailed directly to the SOM Dean’s office. They should not be sent electronically.

Type IV – Academic Recalls. Appointments and renewals for recalled faculty require a memo from the chair describing the nature of the appointment, the duration, and percentage time (no more than 43%). Please include the Recall checklist (ATTACHMENT #7) and the NEW SOM Academic Recall Form, UCI-AP-57-SOM (http://www.ap.uci.edu/Forms/APforms/UCI-AP-57-SOM.pdf) with salary, acct/fund and appointment % information. Recall forms are located on the SOM Academic Affairs website at http://www.som.uci.edu/academic-affairs/appointments.asp, under “Recall”. A recall faculty salary is based on the rank, step and scale at which the faculty member retired, rang-adjusted forward. We use the CURRENT salary scale to determine the salary rates for recalled faculty. The recall rate (REC) for your faculty is the current X + X' for their rank/step/scale.

Important: As of January 1, 2014, all academic recall title codes have been collapsed into 4 new title codes (Recall Teaching: T.C. 1700, Recall HCOMP: T.C. 1701, Recall Faculty: T.C. 1702, and Recall Non Faculty Academic: T.C. 3802). Attached for your reference is a memo, dated 4/14/14, which provides information about the new recall title codes and when to use them (ATTACHMENT #8). Please include the new title codes in your 2014 academic recall packets. As of 7/1/14, our campus will transition to the new recall title codes.

SOM ACADEMIC AFFAIRS WEBSITE FOR ALL FORMS AND CHECKLISTS
http://www.som.uci.edu/academic-affairs/
STAFF PHYSICIAN INFORMATION FORM

DEPARTMENT: ________________________  DIVISION: ________________________

_____ New position

_____ Continuing Position / Physician's name ________________________

STAFF PHYSICIAN CONTRACT INFORMATION FORM

Staff Physicians are part time (43% or less), or temporary positions. Their time may be variable, but cannot exceed 1000 hours in a 12 month period. They require a WOS HS Clinical appointment and are paid on an MSP staff title.

This process is for the review and approval of the Staff Physician appointment under the MSP title only

Annual Full time Rate: or Hourly Rate: $

Proposed MSP Grade:
(this should be consistent with the academic rank of the physician)

Minimum of MSP Range (Base): $ (monthly / hourly)

Negotiated (Non-Base) Pay: $ monthly / (hourly)

Anticipated Average Percent Time: _________

- This position will have a set schedule and will be paid monthly _________ or
- This position will have a flexible schedule and will be paid hourly _________

Term of Contract: From: To:

Board Certification: Yes _____ No_____

Approved Rank for HS WOS Clinical appointment __________________

Department Contact: Extension:

Additional steps / documents

1. Letter from Chair outlining responsibilities, % of time, annual salary and justification of fair market value
2. Job description
3. Health Sciences WOS faculty appointment required for teaching responsibilities
   - Include AP form or appointment memo

New positions - upon budget approval, please initiate the on-line process for the Medical Staff Office and Provider Relations to be notified of this position. As with regular physicians, this position cannot start until the physician is cleared to see patients and bill for services.

THE CONTRACT SHOULD NOT BE COMPLETED OR SIGNED UNTIL THE DEPARTMENT RECEIVES BUDGET APPROVAL FOR THIS POSITION. THIS IS AN EMPLOYMENT AGREEMENT, AND MUST HAVE ORIGINAL SIGNATURES. ONLY THE ORIGINAL DOCUMENT WILL BE ACCEPTED FOR DEANS OFFICE APPROVAL.

Revised April 2014
<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee ID#</th>
<th>Dept</th>
<th>Title</th>
<th>Hire Date (for current appt title)</th>
<th>End Date (for current appt title)</th>
<th>Proposed Action (choose one from dropdown menu)</th>
<th>Reasons for proposed action &amp; name of decision maker(s)</th>
<th>In current appt title more than 8 years at 50% or more? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-Renewal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Partial Renewal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ATTACHMENT #2**
NAME: ________________________________  
DEPARTMENT: ________________________  
DIVISION: _____________________________

**PART-TIME FACULTY CHECKLIST**

*Use this checklist when assembling Part-Time Faculty documentation.*

- [ ] New Appointment  
- [ ] Renewal  

Part Time Faculty Definition: Individual is proposed for an appointment to provide teaching, research and/or service until full-time appointment is approved or to provide teaching, research and/or service that cannot justify a full time appointment. (43% or less)

A. Complete and send to School of Medicine Dean’s Office, Academic Affairs, Irvine Hall

  ____ 1. Checklist  
  ____ 2. Part-Time Faculty Information Form  
  ____ 3. AP-21 *Indicate Account Fund*  
  ____ 4. Description of responsibilities  
  ____ 5. Academic Appointment Dossier *(New Appointments only)*  
  
  Please indicate if new appointment if dossier already approved

  - [ ] Yes  
  - [ ] No

**Send this form to Academic Affairs, SOM Dean’s Office, Rm. 238, Irvine Hall, Zot 3950**

Reminder: If Medical Staff Privileges needed please be sure to submit Medical Staff paperwork in a timely manner.

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**For Dean’s Office Use Only:**

- Date Received __________________________________________
- Comments __________________________________________

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*Updated April 2014*
PART-TIME FACULTY INFORMATION FORM

Use Part-Time Faculty Checklist

Faculty Name: ______________________________ Proposed effective date: _______

Department/Division: ____________________________________________________

Description of responsibilities:  (Duties may be detailed on a separate memo.)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Why is full-time faculty not providing these services? __________________________________
_____________________________________________________________________
_____________________________________________________________________

Indicate Funding Source: ________________________
____________________________________________________________________________

Prepared By:_______________________________________ Telephone:_______________________

Chair Signature         Date           Department Administrator Signature

Dean or Designee        Date
AFFILIATE FACULTY CHECKLIST

Use this checklist when assembling Affiliate Faculty documentation.

Affiliate Faculty: Individual has an appointment at an affiliated institution (Long Beach VA, Long Beach Memorial/Miller) and a part-time faculty appointment at UCI at 43% or less)

☐ New Appointment  or  ☐ Renewal

A. Complete and send to School of Medicine Dean’s Office, Academic Affairs, Irvine Hall

1. Checklist
2. Signed combined Verification of Affiliate Faculty Appointment Status and Health Sciences Compensation Plan Statement of Agreement
3. Memo with description of responsibilities – Include % of appointment at UCI and detailed salary information
4. Academic Appointment Dossier (New Appointments only)
5. AP 21
6. Account/Fund Information
7. Percentage of Work (in eighths) of employment at Affiliate Site:

Send this form to Academic Affairs, SOM Dean’s Office, Rm. 238, Irvine Hall, Zot 3950

Reminder: If Medical Staff Privileges needed please be sure to submit Medical Staff paperwork in a timely manner.

For Dean’s Office Use Only:

Date Received
Comments

Updated April 2014
Verification of Affiliate Faculty Appointment Status

I certify that I am a _____ (enter percent or # of 8ths) employee at ____________________ (enter name of affiliate, i.e. LBVA, LB Memorial) and will report immediately any change in my employment status to the Chair of the Department of ________________ and the Dean of the School of Medicine.

__________

Health Sciences Compensation Plan
Statement of Agreement

I certify that I have received a copy of the University of California Health Sciences Compensation Plan, the UCI School of Medicine Implementing Procedures and department compensation procedures. I agree to comply with all of the terms and conditions contained therein. I understand that I may not retain any income from my professional services except as stipulated in those documents. I understand that my primary professional commitment is to the University and ____________________ (enter name of affiliate, i.e. LBVA, LB Memorial). I understand further that compliance with provisions contained in the Health Sciences Compensation Plan, the Implementing Procedures and department compensation plan procedures is a condition of employment for Plan members.

I certify that I am not currently engaged in professional activities that would result in my being found in non-compliance with the Health Sciences Compensation Plan or the UCI School of Medicine Implementing Procedures.

__________

NAME (PLEASE PRINT) _______________________________________________________
DEPARTMENT _______________________________________________________________
______________________________________________________________________________

Signature Date

__________________________ Date
Department Chair Signature
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.

Please complete and send to School of Medicine Dean’s Office, Academic Affairs, Irvine Hall, Zot 3950.

___ 1) Recall Faculty Checklist
___ 2) Rank, Step and Scale at the time of retirement: ______________________________________
   (The REC rate will be equal to the X+X’ when they return)
___ 3) Faculty Member has chosen to be in the comp plan (please circle one) YES or NO
   If Yes, the APU =____________________
   Recall faculty that will be in the Faculty Compensation Plan (eligible for Y and/or Z salary components) should sign a copy of the Certification Statement and be given a copy of the Health Sciences Faculty Compensation Plan and the UCI Implementation Procedures
   http://www.som.uci.edu/compensation_plan.asp when completing their payroll documents. Please include a copy of the signed statement with the Recall appointment documents.

___ 4 Letter from Chair outlining responsibilities and % of time (maximum 43%)
___ 5) UCI-AP-57-SOM Academic Recall Form
___ 6) CV - please include for all new Recall appointments only (not annual renewals)
___ 7) Account Fund - Recall Faculty Paid: __________________________
___ 8) Will this be NIH Funded (please circle one) YES or NO
___ 9) If NIH Funded, will the department cover the differential (please circle one) YES or NO or NA

Please send this form to the SOM Academic Affairs Analyst for your Department in the Dean’s Office, Zot 3950.

Reminder: If Medical Staff Privileges needed please be sure to submit Medical Staff paperwork in a timely manner.

For Dean’s Office Use Only:

Date Received: _______________________________________________________________________

Comments: _________________________________________________________________________
April 14, 2014

To: Campus Personnel Officers

From: Office of Academic Personnel

Re: Title Code Update – Recall and Visiting Professor

As part of the system-wide standardization effort in preparation for UC Path, the Office of the President has renamed or remapped, Recall and Visiting Professor title codes, and outdated titles have been frozen. New Recall and Visiting Professor Title Codes were effective January 1, 2014. For the UCI campus, please transition to the new Recall and Visiting Professor title codes by July 1, 2014.

The title code information on the Academic Personnel website has been updated, and a list of the frozen title codes and remapping information can be found at http://www.ap.uci.edu/salary/academictitles.html, under “Other Resources” on the left hand side.

As of July 1, 2014, only the Recall and Visiting Professor titles listed below should be used.

<table>
<thead>
<tr>
<th>Title Code</th>
<th>Title</th>
<th>When to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700</td>
<td>Recall Teaching</td>
<td>For recall appointees with teaching duties only.</td>
</tr>
<tr>
<td>1701</td>
<td>Recall HCOMP</td>
<td>For recall appointees who are members of the Health Sciences Compensation Plan.</td>
</tr>
<tr>
<td>1702</td>
<td>Recall Faculty</td>
<td>For recall appointees with a combination of teaching, research, clinical, and/or administrative duties. Also, title code 1702 is used for recall appointees with only one of these duties, except for teaching.</td>
</tr>
<tr>
<td>3802</td>
<td>Recall Non-Faculty Acad</td>
<td>For recall non-faculty academic appointees such as Academic Coordinators, Academic Administrators, Professorial Research Series, Specialists, and Librarians</td>
</tr>
</tbody>
</table>

Visiting Professors:

<table>
<thead>
<tr>
<th>Title Code</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1108</td>
<td>Vis Prof</td>
</tr>
<tr>
<td>1208</td>
<td>Vis Assoc Prof</td>
</tr>
<tr>
<td>1308</td>
<td>Vis Asst Prof</td>
</tr>
<tr>
<td>1712</td>
<td>Vis Asst Prof-HCOMP</td>
</tr>
<tr>
<td>1713</td>
<td>Vis Assoc Prof-HCOMP</td>
</tr>
<tr>
<td>1714</td>
<td>Vis Prof-HCOMP</td>
</tr>
</tbody>
</table>

If you have any questions about the new Recall and Visiting Professor title codes, please direct them to your analyst in the Office of Academic Personnel.
<table>
<thead>
<tr>
<th><strong>AFFILIATE</strong></th>
<th><strong>PART-TIME</strong></th>
<th><strong>RECALL</strong></th>
<th><strong>STAFF PHYSICIAN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACADEMIC SERIES:</strong></td>
<td>In-Residence HS Clinical</td>
<td>HS Clinical (research not required)</td>
<td>Line Adjunct HS Clinical In-Residence Clinical X Professional Research Project Scientist Specialist</td>
</tr>
<tr>
<td>STAFF SERIES:</td>
<td>Not available</td>
<td>Not applicable</td>
<td>Not available</td>
</tr>
<tr>
<td><strong>APPOINTMENT CRITERIA:</strong></td>
<td>Teaching, Research, University Service, Professional Competence</td>
<td>Teaching, Research, University Service, Professional Competence</td>
<td>Clinical Competence Must possess the legal requirements to practice medicine</td>
</tr>
<tr>
<td><strong>FUNDING:</strong></td>
<td>Usually Soft Funds (e.g. fees, contracts, grants)</td>
<td>Soft Funds (e.g. fees, contracts, grants, etc.)</td>
<td>Soft Funds (e.g. fees; usually not contracts and grants)</td>
</tr>
<tr>
<td><strong>COMPENSATION PLAN:</strong></td>
<td>CompPlan by exception</td>
<td>Not CompPlan</td>
<td>May be CompPlan Not CompPlan</td>
</tr>
<tr>
<td><strong>CONTINUATION OF APPOINTMENT STATUS:</strong></td>
<td>Year-to-year contract, expires 6/30, 8-year rule applies at Asst. level</td>
<td>Year-to-year contract, expires 8-year rule applies at Asst. level</td>
<td>Year-to-year contract Year-to-year contract, expires June 30.</td>
</tr>
<tr>
<td><strong>PERCENT OF TIME:</strong></td>
<td>Minimum 5% - Maximum 43%</td>
<td>Minimum 5% - Maximum 43%</td>
<td>Maximum 43% Equate with effort. Greater than 43% is by exception only</td>
</tr>
<tr>
<td><strong>DOSSIER/APPOINTMENT REQUEST:</strong></td>
<td>In-Residence, Clinical X, Adjunct reviewed by CAP; HS Clin CFAC; all HSCP</td>
<td>Adjunct review by CAP; HS Clin by CFAC; both HSCP</td>
<td>Dean Reviewed by HSCP</td>
</tr>
<tr>
<td><strong>ADDITIONAL COMPENSATION:</strong></td>
<td>Eligible for negotiated (Y) and bonus/incentive (Z)</td>
<td>Not available</td>
<td>Eligible for negotiated (Y) and bonus/incentive (Z) with CompPlan membership</td>
</tr>
<tr>
<td><strong>BENEFITS:</strong></td>
<td>Full benefits if appointed at 50%, or after 1000 hrs or equivalent in rolling 12-month period.</td>
<td>Full benefits after 1000 hrs or equivalent in rolling 12-month period.</td>
<td>No benefits Full benefits if appointed at 50% or more for one year, or after 1000 hrs or equivalent in rolling 12-month period.</td>
</tr>
<tr>
<td><strong>REFERENCE:</strong></td>
<td>APM 270, 275, 278, 279, 280, and HS Clinical Faculty Criteria</td>
<td>APM 278, HS Clin Faculty Criteria</td>
<td>APM 278, HS Clin Faculty Criteria</td>
</tr>
</tbody>
</table>