**Notification of advancement eligibility for an Academic Federation member**

(Applicable to Adjunct Professor, Professional Researcher, Project Scientist, and Specialist**)**

**TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Principal Investigator (PI)**

**FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Department Chair**

Academic Federation (AF) members who successfully meet the requirements for their title series are expected to advance at normative periods as their experience, skills and responsibilities develop. As directed by the Vice Provost- Academic Affairs, we have recently informed the following Academic Federation member of their eligibility for review:

Candidate’s name:

Candidate’s current title (including rank and step):

Year candidate last advanced or was appointed (whichever is most recent):

Appointment %: %

Action Type:

Effective Date (if approved):

Under the UC Davis Step Plus system, the candidate is considered for advancement of 1.0, 1.5, or 2.0 steps, based on the record of professional accomplishments. The department will vote on all Step Plus options with no knowledge of or regard to availability of funding. The table below indicates the candidate’s current fulltime annual salary and benefits, as well as the estimated fulltime salary and benefits for each of the Step Plus advancement options (<http://afs.ucdavis.edu/our_services/costing-policy-e-analysis/composite-benefit-rates/>).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Current | 1.0-step  advancement | 1.5-step  advancement | 2.0-step advancement |
| Annual salary1 | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Annual Step Plus Supplement2,3 | $\_\_\_\_\_\_\_\_\_\_\_\_\_  (if applicable) | Not applicable | Not applicable | Not applicable |
| Period covered by supplement  MM/DD/YYYY-MM/DD/YYYY2,3 | \_\_\_\_\_\_\_\_\_\_\_\_\_  (if applicable) | Not applicable | Not applicable | Not applicable |
| Benefits | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1Annual salary should include all components of pay (base + off-scale) or potential pay if current appointment is without salary.

2The **Step Plus Supplement** was awarded only if advancement was approved at 1.5 steps or greater AND was awarded only for the period of normative time at the new step. No new Step Plus Supplements will be awarded for actions that result in a greater-than-one-step advancement. The existing supplements awarded during the pilot (through the 2016-2017 review cycle) will continue through their current end dates.

3Applicable only if the candidate received a supplement in their last action.

As you are the Principal Investigator on grants from which all or a substantial portion of the candidate’s salary and benefits are paid, I am writing to both inform you of the candidate’s eligibility for advancement and to enquire about the expected availability of funding. This information will be shared with the candidate. **Please note that if there is not sufficient funding to support advancement at 100% time for the duration of the candidate’s current appointment, the candidate may still pursue advancement. If advancement is approved and additional funding is not identified, it may become necessary for the appointee either 1) to work for a shorter time period at the current percentage of appointment, or 2) to work at a reduced percentage (at which time the candidate will be eligible to seek additional, part-time employment).**

Please complete the following page. This form will be submitted as an addendum to the department letter in a merit/promotion action. This form will not be provided to the department reviewers prior to the department vote. If the candidate elects not to pursue an action, this completed form will be uploaded as the department letter into a general deferral action in MIV.

C:  **,** candidate

**Part 1: PI section. Good-faith assessment of probable funding availability.** (Please note that the department will vote on all Step Plus options with no knowledge of or regard to availability of funding)

Please complete this form and provide a brief rationale where indicated.

1. I understand that Academic Federation (AF) members who successfully meet the expectations for their title series (i.e., are doing good work in all areas of responsibility) are expected to advance at normative periods as their experience, skills and responsibilities develop over time.
2. If the candidate is awarded a merit or promotion advancement, please indicate your best estimate of funding availability to maintain the candidate’s current percentage of appointment (check only *one* of the following). These are statements made in good faith, and do not constitute a binding agreement.
   1. \_\_\_\_\_\_ I anticipate having funds to support the candidate’s current percentage of appointment for at least

1-2 years for advancement of 2.0 steps or less.

* 1. \_\_\_\_\_\_ I anticipate having funds to support the candidate’s current percentage of appointment for at least

1-2 years for advancement of 1.5 steps or less.

* 1. \_\_\_\_\_\_ I anticipate having funds to support the candidate’s current percentage of appointment for at least

1-2 years for advancement of 1.0 step.

* 1. \_\_\_\_\_\_ I do not anticipate having funding available for advancement at this time.

If you selected any funding availability other than 2a., please briefly describe your funding situation and plans:

Name of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Part 2: Candidate’s selection.** (Please note that the department will vote on all Step Plus options with no knowledge of or regard to availability of funding; however, the department letter will not recommend greater than your selection.)

1. Based on the good-faith information provided above, if approved, I choose (check *one* option):

\_\_\_\_\_ to accept a 2.0-step advancement.

\_\_\_\_\_ to accept no greater than a 1.5-step advancement.

\_\_\_\_\_ to accept no greater than a 1.0-step advancement.

\_\_\_\_\_ to defer review for advancement. I understand that I will be eligible for advancement again next year.

1. I understand that if my selection limits my advancement options, the final decision is not appealable based on funding becoming available after my selection is made.
2. I understand that if I am awarded advancement and there is insufficient funding to maintain my current percentage of appointment, my appointment may end earlier than planned or expected (subject to layoff), or it may be reduced to a lesser percent, or both. I understand that such reductions in my duration of appointment or in my percent appointment may have impacts on my visa status, retirement service credit and health benefits.

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Part 3: Chair’s signature.** This form and its contents will not be provided to the department reviewers prior to the department vote. The department should vote on all Step Plus options regardless of availability of funding. The Action Form may not reflect a recommendation greater than the candidate’s selection. This form will be submitted as an addendum to the department letter in a merit/promotion action. If the candidate elects not to pursue an action, this completed form will be uploaded as the department letter into a general deferral action in MIV.

Signature of Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_