

University of California, Merced
NORMAL MERIT SHORT FORM

This form is for the following on-time, routine merit increases:

Assistant Professors/LPSOE: First and Second and Third Merit Increases -- Associate Professors/LSOE: Every Other Merit Increase
Full Professors: Every Other Merit Increase, except Step 6 (barrier step) -- Reference: MAPP 2014 Appendix C

COVERSHEET AND CHECKLIST

FACULTY MEMBER NAME

PRIMARY UNIT

SECONDARY UNIT

CURRENT RANK AND STEP

PROPOSED RANK AND STEP

EFFECTIVE DATE

REQUIRED DOCUMENTS

- ☐ Updated CV
- ☐ Self-Statement on Research, Teaching, and Service
- ☐ Bio-Bibliographies (since last review)
- ☐ Teaching Evaluations (i.e., student evaluations). One-of-a-kind material.
- ☐ Secondary Teaching Materials (peer classroom visitation evaluations and/or course syllabi). One-of-a-kind material.
- ☐ Publications. One-of-a-kind material.
- ☐ Signed Procedural Safeguard Statement (UCM-AP43)

CASE SUMMARY (OPTIONAL; ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If additional signatures are required, attach a signature sheet

AP CHAIR SIGNATURE

APO USE ONLY

CASE FILE RECEIVED

SUBMITTED TO CAP

TRANSMITTAL MEMO

FACULTY MEMBER NAME

PRIMARY UNIT

SECONDARY UNIT

FACULTY RECOMMENDED RANK AND STEP

EFFECTIVE DATE

LIST VOTES BELOW, OR PROVIDE A SEPARATE VOTE SHEET. PROVIDE ACTUAL NUMBERS.

YES

NO

ABSTAIN/RECUSE

UNRETURNED BALLOTS

REASON FOR ABSTENTION(S) OR RECUSAL(S)

TRANSMITTAL MEMO (ATTACH ADDITIONAL SHEET[S] IF NECESSARY)

UNIT CHAIR (OR DESIGNEE) SIGNATURE

PRINT NAME

DATE

DEAN'S EVALUATION

FACULTY MEMBER NAME

RECOMMENDED ACTION

☐

Yes, I concur (no statement required).

☐

No, I do not concur (please explain below or in a separate memo).

☐

Candidate has complied with APM-025 reporting requirements for the review period

DEAN'S SALARY RECOMMENDATION

CURRENT BASE

OFF-SCALE

TOTAL

PROPOSED BASE

OFF-SCALE

TOTAL

JUSTIFICATION FOR CHANGES IN OFF-SCALE

DEAN'S SIGNATURE

PRINT NAME

DATE