

Request for Exception to Employment Policy

(To be completed by the student's home department)

USE THIS FORM WHEN PROPOSING ASSOCIATE, TA, GSR, READER, REMEDIAL TUTOR, AND STUDENT ASSISTANT APPOINTMENTS WHICH DO NOT MEET POLICY STANDARDS.

For policy reference, see <http://www.graddiv.ucsb.edu/financial/employment/academic-appointments>

FOR GRADUATE DIVISION APPROVAL, SUBMIT REQUEST AT LEAST 6 WEEKS PRIOR TO QUARTER.

FOR DEPARTMENTAL APPROVAL, EXCEPTION RETAINED BY DEPARTMENT.

For complete information regarding Associate Appointments, see the Academic Personnel Binder (the Red Binder), Section IV-5, https://ap.ucsb.edu/policies.and.procedures/red.binder/sections/%5B4_03%5D%20Associate.pdf

To Dean, Graduate Division DATE _____

FROM _____ Signature
Department Chair or Faculty Graduate Advisor

RE _____ Perm Employee ID
Student Name

COMPLETE SECTIONS BELOW AND FILL IN ACADEMIC JUSTIFICATION ON PAGE 2

The Department of _____ is requesting an exception to:

GRADUATE DIVISION APPROVAL:

- Employment in excess of 75% (APM 410-17-b)
- Employment in excess of 15 quarters (APM 410-17-c)
- Academic Probation
- > 4 quarters Beyond Time to Advance or Degree (with progress plan submitted to Graduate Division)
- 100% Career Staff appointment

HOME DEPARTMENT APPROVAL:

- Employment of 51%-75% time
- Employment in 13-15 quarters of service
- Academic Warning Status (GPA below 3.0; >12 units incomplete)
- Beyond Departmental Normative Time Standards (Pre-Fall 2010 admits. With progress plan submitted to the Graduate Division)
- 1-3 quarters Beyond Time to Advance or Degree (with progress plan submitted to Graduate Division)

REQUESTS APPROVAL FOR STUDENT TO WORK:

_____ % as a _____ in _____ during _____
% appt title code employing department quarter/year

If applicable: With a concurrent _____ % _____ appointment in _____
% appt title code dual appt department

_____ _____ _____
Department contact person Phone number E-mail address

FOR GRADUATE DIVISION USE: Approves Request Does not Approve Request

Signed _____ _____
Dean, Graduate Division Date

FOR HOME DEPARTMENT USE: Approves Request Does not Approve Request

Signed _____ _____
Department Chair or Faculty Advisor Date

ACADEMIC JUSTIFICATION

Please Address the Following (To be completed by Department Chair or Faculty Graduate Advisor) :

Where is the student with regard to meeting the requirements/milestones of the program and what is the timeline for completion of these requirements?

For Time to Advance/Time to Degree requests, please complete the following questions and attach Academic Progress Plan for the current academic year specifically detailing academic progress through the requested quarter of employment. If student is not meeting milestones in the approved plan, please submit an updated plan.

If the student has been delayed in their degree progress, what circumstances have brought this about?

What steps did the Department take to facilitate better progress?

How will the appointment directly benefit the student's career objectives or dissertation research?

How might the appointment inhibit the student's ability to make timely progress?

If the appointment is of a type that has delayed the student's past progress, what alternative funding has the department considered and why was it not chosen?

How will the Department monitor the student and ensure that the proposed appointment does not hinder the student's advancement towards degree completion?