

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> Policy reference

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 Red Binder reference

TO Dean, Graduate Division Date _____

FROM _____
Department Chair or Faculty Graduate Advisor

RE _____
Student Name *Perm* *Employee ID*

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 18 quarters (APM 410-17-c)
- Academic Probation
- > 4 quarters Beyond Time to Advance or Degree
- 100% Career Staff appointment
- Part-Time Status

HOME DEPARTMENT APPROVAL:

- Employment of 51%-75% time
- Employment in 13-18 quarters of service
- Academic Warning Status (GPA below 3.0; >12 incomplete units)
- Beyond Departmental Normative Time Standards
- 1-3 quarters Beyond Time to Advance or Degree

REQUESTS APPROVAL FOR STUDENT TO WORK

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

If applicable: with concurrent _____ % _____ appointment in _____
% appt *title code* *dual appt department*

Department contact person *phone number* *email 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 provided by Faculty Mentor): _____

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

If applicable, what milestones has the student met since the last employment exception?

For Time to Advance/Time to Degree requests, please complete the following questions specifically detailing the planned academic progress through the requested quarter of employment.

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 student is beyond time to advance/degree, can the department support the student with Block Grant funding or provide other financial support?

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