

Request For Renewal Of Appointment: Professional Staff

This form must be completed, signed, and attached as a cover sheet to the evaluation of a Professional Employee whose appointment is to be reviewed for renewal. Once received by Human Resources a renewal letter will be prepared and issued. No action will be taken on any renewal unless a current evaluation is attached.

Name of Employee: _____ Title: _____

Department: _____

Evaluator: _____ Title: _____

Period of Evaluation: From: _____ To: _____

➤ SUMMARY CHARACTERIZATION (check on): Satisfactory Unsatisfactory

Check One: A new Performance Program is attached
The Present Performance Program is affirmed

➤ CONTRACT RECOMMENDATIONS: (check appropriate recommendation)

Recommend Permanent Appointment
 Recommend a Term Appointment for: (circle one)

1 yr. 2 yrs. 3 yrs. 5 yrs.

Other _____

Recommend a Temporary Appointment beginning _____
 Recommend Non-Renewal

➤ APPOINTMENT TYPE RECOMMENDATION: (check appropriate recommendation)

Calendar Year
 College Year, if so, indicate recess dates : _____.

➤ OTHER APPROPRIATE RECOMMENDATIONS:

I have reviewed a copy of this evaluation and have had the opportunity to discuss it with my supervisor.

Employee Signature

Date

Supervisor _____
Vice President _____

Date: _____
Date: _____

TO BE COMPLETED AT TIME OF AUTHORIZATION BY VICE-PRESIDENT OFFICE:

Approved re-appointment period: 1 yr. 2 yrs. 3 yrs. Other _____

President _____

Date: _____