

**UNIVERSITY OF HAWAI'I COMMUNITY COLLEGES  
CONTRACT RENEWAL FORM FOR  
ACTING INSTRUCTOR**

PART I. Service Data (To be completed jointly by the applicant and the Division Chairperson/Unit Head and certified by the applicant.)

Acting Instructor

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Name of Faculty Member (Last, First, Middle Initial)	Present Rank	Department/Program
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Date of Initial Appointment	Rank	Department/Program
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\_\_\_\_\_ Years of full-time service as Acting Instructor by July 31, \_\_\_\_\_.

A. Service record from date of initial appointment

B.

FROM MO/YEAR	TO MO/YEAR	PERCENT TIME	SOURCE OF SALARY FUNDS

*(Attach additional pages if necessary)*



CC Contract Renewal Form for Acting Instructors

PART II. Evaluation for Contract Renewal/Non-Renewal

A. Division Chairperson/Unit Head Review and Recommendation

I have reviewed the submission and find that this faculty member has/has not (*strike as appropriate*) progressed satisfactorily towards achieving his/her approved plan of professional self-improvement and also find that the faculty member is/is not (*strike as appropriate*) performing the duties and responsibilities of his/her rank.

My recommendation is:

Contract renewal for academic year \_\_\_\_\_ to \_\_\_\_\_ if funds are available.

Termination of contract effective \_\_\_\_\_.  
Date of Termination

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Division Chairperson/Unit Head

Print Name: \_\_\_\_\_

B. Dean's Review and Recommendation

I have reviewed the submission of \_\_\_\_\_  
Name of Faculty Member

My recommendation is that the contract should/should not (*strike as appropriate*) be renewed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean

Print Name: \_\_\_\_\_

PART III. Chancellor's Decision

Contract renewal for academic year \_\_\_\_\_ to \_\_\_\_\_ if funds are available.

Termination of contract effective \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chancellor

Print Name: \_\_\_\_\_