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

B. Approved plan of professional self-improvement and status report.

PLANNED ACTIVITY	STATUS	ANTICIPATED DATE OF COMPLETION	DATE COMPLETED
(Attach additional pages if necessary) Anticipated date of advancement to Instructor:			

		(Attach additional pages if necessary)
	Anticipated date of advancement to Instru	ctor:
C.	Summary of your accomplishments or presponsibilities (See Guidelines for Contraction (Attach additional pages if necessary)	•
	I have reviewed the <i>Classification of Facu</i> to be considered for another year of ser Instructor.	, ,
	Signature:	Date:
	Faculty Member	

PART II. <u>Evaluation for Contract Renewal/Non-Renewal</u>

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 available.	to	if funds are
	☐ Termination of contract effective	mination	
	Signature:	Date:	
	Print Name:		
	B. Dean's Review and Recommendation		
	I have reviewed the submission ofName	e of Facult	y Member
	My recommendation is that the contract should/shape renewed.	nould not (strike as appropriate)
	Signature:	_ Date:	
	Print Name:	_	
PART III.	Chancellor's Decision		
	☐ Contract renewal for academic yearavailable.	to	if funds are
	☐ Termination of contract effective		
	Signature: Chancellor	_ Date:	
	Print Name:	_	