

**UNIVERSITY OF HAWAI'I COMMUNITY COLLEGES
CONTRACT RENEWAL FORM FOR
NON-PROBATIONARY FACULTY**

This instruction applies to all non-probationary "C" personnel.
(Example: Faculty hired on Federal funds, faculty hired to temporary G-funded positions, etc.)

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

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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A. Service Record

Service and Leave Periods from Date of Initial Appointment

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

(Attach additional pages if necessary)

B. Brief Description of Project or Program

(Attach additional pages if necessary)

Signature: _____ Date: _____
Faculty Member

Signature: _____ Date: _____
Division Chairperson/Unit Head

Print Name: _____

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PART II. Evaluation for Contract Renewal/Non-Renewal

- A. Summary of your accomplishments or performance of the assigned duties and responsibilities. (See Guidelines for Contract Renewal).
(Attach additional pages 2.2 to 2.____)

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B. Divisional Personnel Committee (DPC) Review and Recommendation

1. The DPC met on ____/____/____ to consider contract renewal.
2. The DPC's assessment of the faculty member's strengths and weaknesses is attached (pages 3.2 to 3.____).
3. The recommendation of the DPC is that _____'s
Name of Faculty Member
contract should be/should not be (*strike as appropriate*) renewed.

Signature: _____ Date: _____
Chairperson, DPC

Print Name: _____

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C. Division Chairperson/Unit Head Review and Recommendation

1. I have reviewed the materials submitted by this applicant and the Divisional Personnel Committee's (DPC) assessment of strengths and weaknesses.
2. My assessment of the faculty member's strengths and weaknesses is attached (pages 4.2 to 4.____).
3. My recommendation is: (*check and complete one of the two options provided below*)

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: _____

D. Faculty Member's Acknowledgment

I acknowledge having been shown the assessments of strengths and weaknesses and the recommendations by the Division Personnel Committee (DPC) and the Division Chairperson/Unit Head on ____/____/____.

Signature: _____ Date: _____
Faculty Member

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E. Dean/Director's Review and Recommendation

I have reviewed the submission of _____
Name of Faculty Member

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

Signature: _____ Date: _____
Dean/Director

Print Name: _____

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PART III. Chancellor's Decision

- Contract renewal for academic year _____ to _____ if funds are available.
- Termination of contract effective _____
Date of Termination

Signature: _____ Date: _____
Chancellor

Print Name: _____