UNIVERSITY OF HAWAI'I COMMUNITY COLLEGES
CONTRACT RENEWAL FORM FOR PROBATIONARY FACULTY AT ALL RANKS

This instruction is applicable to all "C" personnel classified as Instructor, Assistant Professor, Community Colleges; Associate Professor, Community Colleges; and Professor, Community Colleges who are in their probationary period. (This form need not be completed for the year in which the person comes up for tenure consideration.)

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

<table>
<thead>
<tr>
<th>Name of Faculty Member (L, F, MI)</th>
<th>Present Rank</th>
<th>Department/Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Initial Appointment</td>
<td>Rank</td>
<td>Department/Program</td>
</tr>
</tbody>
</table>

A. Service Record

For a definition of probationary period and a description of probationary service, please refer to the UH/UHPA Agreement, Article XII, Sections A, B, and C.

1. Service and Leave Periods from Date of Initial Appointment

<table>
<thead>
<tr>
<th>FROM MO/YEAR</th>
<th>TO MO/YEAR</th>
<th>PERCENT TIME</th>
<th>SOURCE OF SALARY FUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Attach additional pages if necessary)

2. Years of full-time probationary service completed by July 31, _____
   (including current year) _____ Years
CC Contract Renewal Form for Probationary Faculty

3. Anticipated probationary service completion date, ____/____/____.

Anticipated Locus of Tenure (See Agreement, Article XII, Sec. K.1)

______________________________________________________________

Signature: ___________________________________________ Date: ____________

Faculty Member

Signature: ___________________________________________ Date: ____________

Division Chairperson/Unit Head

Print Name: _______________________________________________
PART II. Evaluation for Contract Renewal/Non-Renewal

Article XII, Section E. states "Recommendations for renewal shall require that the Faculty Member's performance has been assessed for strengths and weaknesses and has been rated as satisfactory, that there is a continuing need for the Faculty Member's services at the University, and that the Faculty Member has made the professional improvement or has demonstrated the professional and personal qualities needed by the department, or similar considerations. A positive assessment does not necessarily assure renewal of appointment."

A. The applicant submits summary of accomplishments or performance of assigned duties and responsibilities (see CC Guidelines for Contract Renewal). (Attach additional pages 2.2 to 2.____.)
B. Divisional Personnel Committee (DPC) Review and Recommendation

1. The DPC met on ____/____/____ to consider contact renewal.

2. The DPC is aware of the recommendation requirements for contract renewal as stated in Article XII, Section E.

3. The DPC's assessment of the faculty member's strengths and weaknesses is attached (pages 3.2 to 3.____).

4. The recommendation of the DPC is that _____________________'s contract should be/should not be (strike as appropriate) renewed.

   Name of Faculty Member

Signature: ___________________________ Date: ___________________________
Chairperson, DPC

Print Name: ___________________________
CC Contract Renewal Form for Probationary Faculty

C. Division Chairperson/Unit Head

1. I have considered the requirements for a recommendation for renewal as stated in Article XII, Section E.

2. I have reviewed the materials submitted by this applicant and the Divisional Personnel Committee's (DPC) assessment of strengths and weaknesses and recommendation.

3. My assessment of the faculty member's strengths and weaknesses is attached (pages 4.2 to 4.____).

4. My recommendation is that ____________________________'s Name of Faculty Member appointment should be/should not be (strike as appropriate) renewed.

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 Divisional Personnel Committee (DPC) and the Division Chairperson/Unit Head on ____/____/____.

Signature: ____________________________ Date: ____________________________
Faculty Member
CC Contract Renewal for Probationary Faculty

E. Dean/Director's Review and Recommendation

I have considered the requirements for a recommendation for renewal of contract as stated in Article XII, Section E. My recommendation is that _______’s appointment should be/should not be (strike as appropriate) renewed.

Name of Faculty Member

Signature: ____________________  Date: ________________

Dean/Director

Print Name: ____________________

5.1
CC Contract Renewal Form for Probationary Faculty

Part III. Chancellor's Decision

I have considered the requirements for a renewal of contract as stated in Article XII, Section E. My decision is that ________________'s appointment should be/should not be (strike as appropriate) renewed.

Name of Faculty Member

Signature: ____________________________ Date: ________________

Chancellor

Print Name: ____________________________