The contract renewal document should include the following information.

1. A statement on your teaching ability that includes:
   
   a. a self-assessment of your teaching ability with respect to courses you have taught, including a discussion of your effectiveness, students responses to your approach and a self-analysis of the degree of attainment of student learning outcomes in the classes taught. It is understood that you are not solely responsible for the attainment of student learning outcomes by all students;
   b. a summary, analysis, and brief discussion of student evaluations since your last evaluation, or your initial appointment if this is your first evaluation; and
   c. a summary and brief discussion of your peer evaluations. There should be two (2) peer evaluations for each of the semesters being covered in the evaluation period.

2. A section outlining your accomplishments and activities since your last evaluation, or your initial appointment if this is your first evaluation. This section should include:
   
   a. a brief discussion of significant instructional materials or course revisions you have developed;
   b. a brief discussion of the professional development activities undertaken during this evaluation period that have most impacted or will potentially impact your thinking or your teaching. A list of other professional development activities may be included;
   c. a brief discussion of any contributions you have made while participating in committee/college/community service as appropriate. A list of other college/committee/community service maybe included;
   d. responses to reviewer (DPC, DC, Dean, Chancellor) comments and suggestions from the previous year’s contract renewal evaluation; if this is your first self-assessment, you need not include this section; and
   e. a progress report or evaluation of goals/objectives you set in your previous evaluation; if this is your first self-assessment, you need not include this section.

3. A statement of your goals/objectives for the coming contract period. Your statement should clearly communicate why you are undertaking the task and/or what you hope to accomplish. To help yourself keep focused on the goals, it is recommended that you include benchmark dates or completion dates. Some goals/objectives may take more than one year to accomplish, so be sure to specify what part of your goals/objectives are planned for completion. Be realistic. Among the goals/objectives you may want to include, but not limited to, are the following:
   
   a. new courses you would like to teach or other professional assignments you would like to undertake as part of your primary duties;
   b. professional development activities;
   c. specific modifications you would like to make in your courses or teaching techniques, or other major function of your job that will make you more effective than you currently are;
d. new instructional materials, course revisions, or other projects you plan to develop, or other professional goals you set relative to your primary assignment; and
e. committee, college and community service you plan to engage in.

4. Supporting documentation need not be included, but you should have such documentation available upon request.

5. Generally, if you are at the beginning of your service in a tenure track or non-tenure track position, you should focus the discussion of your activities and achievements to reflect the criteria of the rank at which you were hired or at which your contract will be renewed. These criteria are listed in the Community Colleges Faculty Classification Plan. As you approach the year in which you will be eligible for tenure and/or promotion, you may wish to consider setting goals and objectives that reflect the expectations of the next rank and to engage in activities that reflect accomplishments at that level.

June 2019
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 (Last, First, Middle Initial)</th>
<th>Present Rank</th>
<th>Department/Program</th>
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<th>Date of Initial Appointment</th>
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<th>Department/Program</th>
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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>
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(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: ____________________________
CC Contract Renewal Form for Probationary Faculty

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 contract 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.

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: ____________________________
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: ___________________________
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)

<table>
<thead>
<tr>
<th>Name of Faculty Member (Last, First, Middle Initial)</th>
<th>Present Rank</th>
<th>Department/Program</th>
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<th>Date of Initial Appointment</th>
<th>Rank</th>
<th>Department/Program</th>
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A. Service Record

Service and Leave Periods from Date of Initial Appointment

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<th>FROM MO/YEAR</th>
<th>TO MO/YEAR</th>
<th>PERCENT TIME</th>
<th>SOURCE OF SALARY FUNDS</th>
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(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: ____________________________________________

1.1
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.____)
CC Contract Renewal Forms for Non-Probationary Faculty

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 contract should be/should not be (*strike as appropriate*) renewed.

______________________________
Signature:________________________  Date: ______________________

Chairperson, DPC

______________________________
Print Name:________________________
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
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: ________________________________
CC Contract Renewal Form for Non-Probationary Faculty

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:________________________________________
Acting Instructors have been assessed at the initial appointment to be generally qualified to perform the duties and responsibilities of an Instructor, except that the minimum qualifications for the Instructor level have not yet been completed; further, that appointment as Acting Instructor is contingent upon an approved plan of professional self-improvement which is designed to meet the minimum qualifications for Instructor, and must be completed within three years from the time of first employment in this rank. Exception extensions may be granted by the Chancellor due to extenuating or exceptional circumstances.

Therefore, criteria for contract renewal for Acting Instructor personnel are that the applicant shows evidence of performing the duties and responsibilities at a level which is consistent with that of an Instructor, and has made satisfactory progress in professional self-improvement toward meeting the minimum qualifications for Instructor.

Division Chairperson/Unit Head will review each application and assess whether or not the documented evidence provided by the applicant shows satisfactory progress toward achieving the approved plan for professional self-improvement and indicates that the applicant has performed the duties and responsibilities at a level which is consistent with that of an Instructor.

The Chancellor will then make his/her decision on contract renewal or termination and inform the applicant in writing by the notification deadline as stipulated in the collective bargaining contract.
PART I. Service Data (To be completed jointly by the applicant and the Division Chairperson/Unit Head and certified by the applicant.)

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<th>Acting Instructor</th>
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<tr>
<td>Name of Faculty Member</td>
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Date of Initial Appointment | Rank | Department/Program |
|-----------------------------|------|-------------------|

__________ Years of full-time service as Acting Instructor by July 31, ______.

A. Service record from date of initial appointment

B. 

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<th>PERCENT TIME</th>
<th>SOURCE OF SALARY FUNDS</th>
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(Attach additional pages if necessary)
CC Contract Renewal Form for Acting Instructors

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

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<th>PLANNED ACTIVITY</th>
<th>STATUS</th>
<th>ANTICIPATED DATE OF COMPLETION</th>
<th>DATE COMPLETED</th>
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(Attach additional pages if necessary)

Anticipated date of advancement to Instructor: _____________________________

C. Summary of your accomplishments or performance of the assigned duties and responsibilities (See Guidelines for Contract Renewal). (Attach additional pages if necessary)

I have reviewed the Classification of Faculty in the Community Colleges and I wish to be considered for another year of service in my present position as an Acting Instructor.

Signature: _____________________________ Date: _____________________________

Faculty Member
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: ___________________________