Department/Office Recontracting Committee Form
Recommendation For Recontracting

Date _______________________

Name ____________________________________      Rank/Title ________________________

Department/Office ___________________________________________  Ext.  ______________

Application for: 2nd 3rd 4th 5th 6th 7th  (Circle appropriate years)

Year of Service: 1st 2nd 3rd 4th 5th 6th

Assessment of Teaching Effectiveness or Professional Performance:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Assessment of Scholarly and Creative Activities (for Faculty) and/or Professional Development (for Instructors, Professional Staff, and Librarians):
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Assessment of Contribution to University Community:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Assessment of Contribution to Wider and Professional Community:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Other Comments:
__________________________________________________________________________________
__________________________________________________________________________________
DEPARTMENT/OFFICE RECONTRACTING COMMITTEE
RECOMMENDATION FORM

Recommendation: Reappoint/Recontract: 
Do Not Recontract: 
Date: 
(See 2.681, which indicates that the numerical vote must be recorded)

Committee Members:

____________________________________ ___________________________________

____________________________________ ___________________________________

____________________________________ ___________________________________

____________________________________ ___________________________________

____________________________________ ___________________________________

Print or type ____________________________ Signature ____________________________

Department/Office Committee Chairperson Department/Office Committee Chairperson

Print or type ____________________________ Signature ____________________________

Candidate’s Reaction (if any):

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Candidate’s Signature ____________________________

Date: _________________