UNIVERSITY OF HAWAIʻI COMMUNITY COLLEGES

CONTRACT RENEWAL FORM FOR

ACTING INSTRUCTOR

Service Data

_____	Acting Instructor	_____
Name of Faculty Member (Last, First, Middle Initial)	Present Rank	Department/Program
_____	_____	_____
Date of Initial Appointment	Rank	Department/Program

Service Record

Service and Leave Periods From Date of Initial Appointment

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

See additional information on page ___ (if applicable)

Approved Plan of Professional Self-Improvement and Status Report

PLANNED ACTIVITY	STATUS	ANTICIPATED DATE OF COMPLETION	DATE COMPLETED

See additional information on page ___ (if applicable)

_____ Years of full-time service as Acting Instructor by July 31, _____

Anticipated date of advancement to Instructor: _____

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

Signature: _____ Date: _____

Division Chair/Unit Head Name: _____

Name of Faculty Member: _____

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Additional information from page 1

Service and Leave Periods From Date of Initial Appointment

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

Name of Faculty Member: _____

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Additional information from page 1

Approved Plan of Professional Self-Improvement and Status Report

PLANNED ACTIVITY	STATUS	ANTICIPATED DATE OF COMPLETION	DATE COMPLETED