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 |
|---|---|---|---|
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*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 |
|---|---|---|---|
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*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: ______________________________

UHCC - **CONTRACT RENEWAL FORM FOR ACTING INSTRUCTOR**

*Additional information from page 1*

**Service and Leave Periods From Date of Initial Appointment**

| FROM<br>MO/YEAR | TO<br>MO/YEAR | PERCENT<br>TIME | SOURCE OF<br>SALARY FUNDS |
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Name of Faculty Member: ______________________________

UHCC - **CONTRACT RENEWAL FORM FOR ACTING INSTRUCTOR**

*Additional information from page 1*

## Approved Plan of Professional Self-Improvement and Status Report

| PLANNED ACTIVITY | STATUS | ANTICIPATED DATE OF COMPLETION | DATE COMPLETED |
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