

UNIVERSITY OF HAWAI'I COMMUNITY COLLEGES

**CONTRACT RENEWAL FORM FOR
PROBATIONARY FACULTY AT ALL RANKS**

This instruction applies 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.)

Service Data

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

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, C.

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)

____ Years of full-time probationary service completed by July 31, ____
(including current year)

Anticipated probationary service completion date, ____ / ____ / ____

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

Signature: _____ Date: _____
Faculty Member

Signature: _____ Date: _____

Division Chair/Unit Head Name: _____

