

Faculty on Limited-Term Appointments:

Evaluation and Recommendations

University of Hawai'i at Manoa

Name _____ Department/Division/Program _____

Classification/Rank _____ College/Institute _____ %FTE _____

Secondary Department/Division/Program (Joint appt)

Secondary College/Institute %FTE

Appointment Period: From: _____ To: _____

General Instructions for Assessments by Department Personnel Committee (Optional) and Department Chair

Please provide brief written narrative assessments of this faculty member's performance (areas of strengths and weaknesses) during the specified appointment period. Categories should reflect the major duties assigned to this faculty member on a limited-term contract. For example, if this is an Instructional (I) faculty member who is expected to do exclusively full time teaching, it is probably not appropriate to evaluate research efforts. (Research, Specialist, Librarian, and Agent faculty on limited-term appointments should be evaluated in appropriate categories). Please try to include comments that will help this faculty member improve professionally.

1. Areas of Strength
 - a. Teaching
 - b. Other, if appropriate

2. Areas of Weakness/Where Improvement is Needed
 - a. Teaching
 - b. Other, if appropriate

Assessment by Department Personnel Committee

A. Written narrative by appropriate categories (please attach)

B. Overall rating (with respect to assigned duties):

_____ Satisfactory _____ Unsatisfactory

C. Recommend reappointment:

_____ Yes _____ No

Name of Department Personnel Committee Chair

Signature of Department Personnel Committee Chair Date

Assessment by Department Chair/Program Director

A. Written narrative by appropriate categories (please attach)

B. Overall rating (with respect to assigned duties):

_____ Satisfactory _____ Unsatisfactory

C. Recommend re-appointment:

_____ Yes _____ No

Name of Department Chair

Signature of Department Chair Date

Faculty Member's Acknowledgment:

I acknowledge reviewing all pages of this annual evaluation and the attached narrative assessments done by my Department Personnel Committee and my Department Chair. I realize that these are recommendations and that the final decision regarding reappointment will be made by my Dean/Director.

Signature of Faculty Member

Date

Dean's/Director's Decision

Based on your performance during the appointment period and availability of funding, you are:

Appointed for the period _____ to _____

Not appointed _____

Name of Dean/Director _____

Signature of Dean/Director _____

Date _____