

SUFFOLK COMMUNITY COLLEGE

FACULTY REAPPOINTMENT FORM

COMPLETE THIS FORM TO REAPPOINT A FACULTY MEMBER WHO IS NOT BEING
CONSIDERED FOR PROMOTION

NAME _____ ACADEMIC YEAR _____
DEPARTMENT _____
CURRENT APPOINTMENT . . . _____
PRESENT _____ Tech. Asst.
RANK _____ Sr. Tech. Asst.
_____ Instructor INITIAL HIRING DATE _____
_____ Asst. Prof.
_____ Assoc. Prof. DATE OF APPOINTMENT
_____ Professor TO PRESENT RANK . . . _____

RECOMMENDATION OF IMMEDIATE SUPERVISOR

- _____ Should receive a Temporary Appointment for one semester
_____ Should receive a Temporary Appointment for one year
_____ Should receive a Term Appointment for one year
_____ Should receive a Continuing Appointment
_____ Should not be reappointed
_____ Attached appropriate Form B. (Required in each of the
first five years of employment and at the mid-point between
promotion to Associate Professor and eligibility for
promotion to Professor.)

_____ PROFESSIONAL GROWTH, SERVICE AND CLASSROOM PERFORMANCE HAVE
BEEN DISCUSSED WITH THE FACULTY MEMBER

Signature Date

ACKNOWLEDGMENT BY FACULTY MEMBER

I have read the above recommendations and any attached evaluation
statements which will be forwarded to the Dean.

- _____ I accept these statements as written.
_____ I wish to add the attached supplement.

Signature Date

RECOMMENDATION OF DEAN

I _____ concur, _____ do not concur, with the above recommendations
of the immediate supervisor.

Comments: _____