

## **UNIVERSITY OF HAWAI'I COMMUNITY COLLEGES INSTRUCTIONS FOR CONTRACT RENEWAL FOR ACTING INSTRUCTORS**

Acting Instructors have been assessed at the initial appointment to be generally qualified to perform the duties and responsibilities of an Instructor, except that the minimum qualifications for the Instructor level have not yet been completed; further, that appointment as Acting Instructor is contingent upon an approved plan of professional self-improvement which is designed to meet the minimum qualifications for Instructor, and must be completed within three years from the time of first employment in this rank. Exception extensions may be granted by the Chancellor due to extenuating or exceptional circumstances.

Therefore, criteria for contract renewal for Acting Instructor personnel are that the applicant shows evidence of performing the duties and responsibilities at a level which is consistent with that of an Instructor, and has made satisfactory progress in professional self-improvement toward meeting the minimum qualifications for Instructor.

Division Chairperson/Unit Head will review each application and assess whether or not the documented evidence provided by the applicant shows satisfactory progress toward achieving the approved plan for professional self-improvement and indicates that the applicant has performed the duties and responsibilities at a level which is consistent with that of an Instructor.

The Chancellor will then make his/her decision on contract renewal or termination and inform the applicant in writing by the notification deadline as stipulated in the collective bargaining contract.

## UNIVERSITY OF HAWAI'I COMMUNITY COLLEGES CONTRACT RENEWAL FORM FOR ACTING INSTRUCTOR

PART I. Service Data (To be completed jointly by the applicant and the Division Chairperson/Unit Head and certified by the applicant.)

Acting Instructor

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Name of Faculty Member (L, F, MI)      Present Rank      Department/Program

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Date of Initial Appointment      Rank      Department/Program

\_\_\_\_\_ Years of full-time service as Acting Instructor by July 31, \_\_\_\_\_.

A. Service record from date of initial appointment

B.

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

*(Attach additional pages if necessary)*

CC Contract Renewal Form for Acting Instructors

B. Approved plan of professional self-improvement and status report.

PLANNED ACTIVITY	STATUS	ANTICIPATED DATE OF COMPLETION	DATE COMPLETED

*(Attach additional pages if necessary)*

Anticipated date of advancement to Instructor: \_\_\_\_\_

C. Summary of your accomplishments or performance of the assigned duties and responsibilities (See Guidelines for Contract Renewal).  
*(Attach additional pages if necessary)*

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

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PART II. Evaluation for Contract Renewal/Non-Renewal

A. Division Chairperson/Unit Head Review and Recommendation

I have reviewed the submission and find that this faculty member has/has not (*strike as appropriate*) progressed satisfactorily towards achieving his/her approved plan of professional self-improvement and also find that the faculty member is/is not (*strike as appropriate*) performing the duties and responsibilities of his/her rank.

My recommendation is:

- Contract renewal for academic year \_\_\_\_\_ to \_\_\_\_\_ if funds are available.
- Termination of contract effective \_\_\_\_\_.  
Date of Termination

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Division Chairperson/Unit Head

Print Name: \_\_\_\_\_

B. Dean's Review and Recommendation

I have reviewed the submission of \_\_\_\_\_  
Name of Faculty Member

My recommendation is that the contract should/should not (*strike as appropriate*) be renewed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean

Print Name: \_\_\_\_\_

PART III. Chancellor's Decision

- Contract renewal for academic year \_\_\_\_\_ to \_\_\_\_\_ if funds are available.
- Termination of contract effective \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chancellor

Print Name: \_\_\_\_\_