

PERSONNEL ACTION – ACADEMIC EMPLOYEE

PART A: To be completed by the academic employee

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_
2. Title: \_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_
3. Department: \_\_\_\_\_ Division: \_\_\_\_\_
4. Professional Obligation: (check one)  
\_\_\_\_\_ Calendar Year      \_\_\_\_\_ College Year      \_\_\_\_\_ Academic Year
5. Date of Initial Appointment to Campus: \_\_\_\_\_
6. Number of years of applicable service.  
a) At SUNY Canton \_\_\_\_\_ b) Credited Prior Service \_\_\_\_\_ c) Total Service \_\_\_\_\_
7. Action Requested: (check all that apply)  
  
\_\_\_\_\_ Reappointment  
  
\_\_\_\_\_ Continuing Appointment      (Effective Date) \_\_\_\_\_  
  
\_\_\_\_\_ Promotion from      (Present Rank) \_\_\_\_\_

NOTES

For reappointment, continuing appointment, promotion and salary increases, an ACADEMIC FACULTY INFORMATION FORM must be attached.

The attached evaluation file is for consideration of appointment, reappointment, continuing appointment, or promotion. The academic employee shall examine the file at each step and shall sign prior to the form being sent to the next level of consideration and may file a statement in response to any item.

\_\_\_\_\_  
Signature of Academic Employee

\_\_\_\_\_  
Date

PART B:

8. Action of a Peer Review Committee whose purpose or function is to perform peer review and make personnel recommendations of the Department (including evidence of teaching ability, scholarly competence, relations with students, service to colleagues, research activity, other University service, etc.) Attach additional pages if necessary.

\_\_\_\_\_  
Signature of Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Employee

\_\_\_\_\_  
Date

9. Recommendation of Department Chair

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Employee

\_\_\_\_\_  
Date

10. Recommendation of Dean

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Employee

\_\_\_\_\_  
Date

11. Recommendation of Vice President for Academic Affairs

\_\_\_\_\_  
Signature of Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Employee

\_\_\_\_\_  
Date

12. Decision of the President

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date