

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