**Reappointment/Permanent Appointment Form (H – 2)**

**(UUP Professionals)**

For use with Guide for Processes/Packets.

|  |  |
| --- | --- |
| Name       | Date       |
| Campus Title       | Grade       |
| Budget Title       | Supervisor’s Name       |
| Department       | Division       |

**Action Requested**

 [ ]  Reappointment (UUP Professional) (Effective Date)

 [ ]  Permanent Appointment (UUP Professional) (Effective Date)

**Recommendation/Action Taken**

**After each step, a meeting will be held with the employee to go over the recommendation/**

**action taken. The employee has the opportunity to attach a response and will be asked to sign and date the document. The employee’s signature only signifies that they have had a meeting and have reviewed the recommendation/action taken; it does not mean they agree with it. A timely turnaround for each step is expected.**

**Direct Supervisor**

 **(Attach a justification for action requested.)**

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Direct Supervisor’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

**Department Head/Director**

Agree as is

See attached

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head/Director’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

**Dean**

Agree as is

See attached

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

**Area VP/Executive Director**

Agree as is

See attached

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Head’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

**President**

Agree as is

See attached

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President’s Signature Date