**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

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Division Head’s Signature Date

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

Employee’s Signature Date

**President**

Agree as is

See attached

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President’s Signature Date