## 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 YearCo	llege 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 (Tenure-Track Only)			
7. Action Requested: (check all that apply	)		
Reappointment			
Continuing Appointment (Eff	fective date)		
Promotion from (Present ran			
	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:
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## 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 is necessary.		
Signa	Signature of Committee Chair: Date:		
Signa	ature of Academic Employee:	Date:	
9.	Recommendation of Department Chair:		
Signa	ature of Department Chair:	Date:	
Signa	ature of Academic Employee:	Date:	
10.	Recommendation of Dean:		
Signa	ature of Academic Dean:	Date:	
Signa	ature of Academic Employee:	Date:	
11.	Recommendation of Vice President for	Academic Affairs:	
Signa	ature of Vice President:	Date:	
Signa	ature of Academic Employee:	Date:	
12.	Decision of the President:		
Signa	ature of President:	Date:	
File 1	returned to academic employee D	Date:	