

MEMORANDUM OF TRANSMITTAL

DATE: _____

TO: **HUMAN RESOURCES**

FROM: _____
Name Department/Program

SUBJECT: () Appointments Committee Action 2nd [] year Reappointment
 () Peer Committee Action 3rd [] or 5th [] 6th []
 () Promotion 4th [] or 7th [] Tenure []
 () Academic Leave

Staff Member _____ Rank _____
(Last name, first)

At its meeting of ____ / ____ / ____, the above indicated committee took the following action with respect to the above-named individual on the date indicated.

The vote on this matter was _____ - _____ - _____.

Yes No Abstain

	<u>Recommended</u>	<u>Not Recommended</u>
a) Appointment	_____	_____
b) Reappointment	_____	_____
c) Reappointment with Tenure	_____	_____
d) Promotion to Senior CLT	_____	_____
e) Promotion to Chief CLT	_____	_____
e) Promotion to Associate Professor	_____	_____
f) Promotion to Professor	_____	_____
g) Promotion to Adj. Assoc. Professor	_____	_____
h) Promotion to Adj. Professor	_____	_____
i) Fellowship/Scholar Incentive Leave	_____	_____

I hereby certify that all the annual evaluations, observations, student opinion reports, memoranda, and any other appropriate documents were available to all members of the committee.

Signature of department chair or designee Date

Noted by: _____
Academic Dean Date