

UTC Reappointment Recommendation Form

Name: _____ Department: _____

UTCID: _____ Personnel No: _____

Maximum Date for Tenure Consideration, per Initial Appointment Letter: _____

Most Recent EDO Rating Year: _____ Rating: _____

Note: Year for EDO Rating should indicate academic year, e.g. 2015-16 until 2024 when the process aligned with the calendar year.

Action of Departmental RTP Committee (as needed)

Meeting Date: _____

Vote Count: For Reappointment: _____ Against Reappointment: _____ Recusals: _____

Improvements needed? Yes: _____ (specify below) No: _____

Improvements: _____

Names of Committee Members:

Signature of RTP Committee Chair: _____ Date: _____

Action by Department Head Recommends: for Reappointment: _____ Against Reappointment: _____

Improvements needed? Yes: _____ (specify below) No: _____

Improvements: _____

Signature of Department Head: _____ Date: _____

Action by Dean Recommends: for Reappointment: _____ Against Reappointment: _____

Improvements needed? Yes: _____ (specify below) No: _____

Improvements: _____

Signature of Dean: _____ Date: _____

Action by Provost (if needed) Recommends: for Reappointment: _____ Against Reappointment: _____

Improvements needed? Yes: _____ (specify below) No: _____

Improvements: _____

Signature of Provost: _____ Date: _____