POST-RETIREMENT RECOMMENDATION FORM

Form for Evaluation of Faculty on Post-Retirement Contracts

Last Name | First Name | Middle Initial

Present Academic Rank

Academic Unit | College/School

YEAR OF FIRST POST-RETIREMENT CONTRACT: _____

NOTE: Faculty on post-retirement contracts are not members of the University Faculty Association and are not subject to the provisions of the Collective Bargaining Agreement.

HAS SERVICE FOR THE CURRENT YEAR BEEN SATISFACTORY? *Yes* ☐ *No* ☐

COMMENTS:

(append additional pages, as needed)

Signed by:

Faculty Evaluation Committee Chairperson — Date

Department Chairperson — Date

Dean — Date

Faculty Member — Date

DEADLINES FOR FORWARDING THIS DOCUMENT TO DEAN'S OFFICE IS DECEMBER 15

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