## REQUEST FOR ACADEMIC PERSONNEL ACTION: MULTIPLE-YEAR RENEWAL

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This form is only for renewals of faculty and academic professionals who are already on multi-year (non-rolling) appointments.

No written notification may be given to the individual until the process has been completed and the provost has notified the dean.

| NAME OF INDIVIDUAL (PeopleSoft name)                              |  |                          |                   | ASU ID                           |   | DATE              |
|---|--|--------------------------|-------------------|----------------------------------|---|-------------------|
| TLE (rank from <u>ACD505-02</u> or <u>AC</u>                      | <u>D505-03</u> and adm                       | ninistrative title       | e)                |                                  |   |                   |
| COLLEGE (no acronyms)   |  |                          |                   | UNIT (no acronyms)               |   |                   |
| CLASSIFICATION (Please check one):                                |  |                          |                   |                                  | TYPE OF APPOINTMENT (Please check one): |                   |
| FACULTY (see ACD505-02 for titles that fall within this classific |  |                          |                   |                                  | FISCAL                                  | ACADEMIC          |
| ACADEMIC PROFESSIO  | NAL (see <u>ACD50</u>                        | <u>5-03</u> for titles t | hat fall within t | his classification)              | HISCAL                                  | ACADEMIC          |
| LAST ACADEMIC PERSONNEL ACTION                                    |  |                          |                   | ACADEMIC YEAR OF ACTION REVIEWED |   |                   |
| TION REQUESTED  |  |                          |                   |                                  |   |                   |
| f an individual is seeking T\<br>equested (e.g., multi-year       |  |                          |                   |                                  | submit a separate for                   | m for each action |
| Multi-ye  | ar action unde                               | er considera             | ntion:            |                                  |   |                   |
|   |  |                          |                   |                                  |   |                   |
| Recommendation Of   | Approve                                      | Deny                     |                   | Signa<br>(Committee chair v      | Date                                    |                   |
| Unit Committee chair  |  |                          |                   |                                  |   |                   |
| Center/Institute Director   |  |                          |                   |                                  |   |                   |
| Unit Chair/Director   |  |                          |                   |                                  |   |                   |
| College Committee   |  |                          |                   |                                  |   |                   |
| College Dean  |  |                          |                   |                                  |   |                   |
| University Committee  |  |                          |                   |                                  |   |                   |
| University Provost  |  |                          |                   |                                  |   |                   |
| NOTES   | <u>                                     </u> |                          | <u> </u>          |                                  |   |                   |
| UNIVERSITY ACTION   |  |                          |                   |                                  |   |                   |
| DATE DECISION LETTER SENT   |  |                          |                   |                                  |   |                   |