

# REQUEST FOR ACADEMIC PERSONNEL ACTION: REVIEW OF MULTIPLE-YEAR APPOINTMENT

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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.*

## TO BE COMPLETED BY THE DEAN OR UNIT CHAIR

NAME OF INDIVIDUAL (Official first and last name)		ASU ID	DATE
TITLE (rank from <a href="#">ACD505-02</a> or <a href="#">ACD505-03</a> and administrative title, if any)			
COLLEGE/INDEPENDENT UNIT		ACADEMIC UNIT, IF APPLICABLE (no acronyms)	
CLASSIFICATION (Please check one): <b>FACULTY</b> (see <a href="#">ACD505-02</a> for titles that fall within this classification) <b>ACADEMIC PROFESSIONAL</b> (see <a href="#">ACD505-03</a> for titles that fall within this classification)		TYPE OF APPOINTMENT (Please check one): <b>FISCAL</b> <b>ACADEMIC</b>	
LAST ACADEMIC PERSONNEL ACTION		ACADEMIC YEAR OF LAST ACTION	

## ACTION REQUESTED

<p>If an individual is seeking TWO ACTIONS, check this box <input type="checkbox"/> and complete and submit a separate form for each action requested (e.g., multi-year renewal and promotion for fixed-term faculty).</p>
<p>Multi-year action under consideration:</p>

## RECOMMENDATIONS

Recommendation Of	Approve	Deny	Signature (Committee chair where appropriate)	Date
<b>Unit Committee chair</b>				
<b>Center/Institute Director</b>				
<b>Unit Chair/Director</b>				
<b>College Committee</b>				
<b>College Dean</b>				
<b>University Committee</b>				
<b>University Provost</b>				
<b>NOTES</b>				
<b>UNIVERSITY ACTION</b>				
<b>DATE DECISION LETTER SENT</b>			<b>VERIFIED BY</b>	