

**Faculty on Limited-Term Appointments:**  
**Evaluation and Recommendations**  
**University of Hawai'i at Mānoa**

Name \_\_\_\_\_

Department/Division/Program \_\_\_\_\_

Classification/Rank \_\_\_\_\_

College/Institute \_\_\_\_\_ %FTE \_\_\_\_\_

\_\_\_\_\_  
*Secondary Department/Division/Program (Joint appt)*\_\_\_\_\_  
*Secondary College/Institute* %FTE \_\_\_\_\_

Appointment Period: From: \_\_\_\_\_ To: \_\_\_\_\_

**General Instructions for Assessments by Department Personnel Committee (Optional) and Department Chair**

Please provide brief written narrative assessments of this faculty member's performance (areas of strengths and weaknesses) during the specified appointment period. Categories should reflect the major duties assigned to this faculty member on a limited-term contract. For example, if this is an Instructional (I) faculty member who is expected to do exclusively full time teaching, it is probably not appropriate to evaluate research efforts. (Research, Specialist, Librarian, and Agent faculty on limited-term appointments should be evaluated in appropriate categories). Please try to include comments that will help this faculty member improve professionally.

1. Areas of Strength
  - a. Teaching
  - b. Other, if appropriate
2. Areas of Weakness/Where Improvement is Needed
  - a. Teaching
  - b. Other, if appropriate

**Assessment by Department Personnel Committee**

A. Written narrative by appropriate categories (please attach)

B. Overall rating (with respect to assigned duties):

\_\_ Satisfactory \_\_ Unsatisfactory

C. Recommend re-appointment:

\_\_ Yes \_\_ No

**Assessment by Department Chair/Program Director**

A. Written narrative by appropriate categories (please attach)

B. Overall rating (with respect to assigned duties):

\_\_ Satisfactory \_\_ Unsatisfactory

C. Recommend re-appointment:

\_\_ Yes \_\_ No

\_\_\_\_\_  
Name of Department Personnel Committee Chair\_\_\_\_\_  
Name of Department Chair\_\_\_\_\_  
Signature of Department Personnel Committee Chair Date\_\_\_\_\_  
Signature of Department Chair Date

**Faculty Member's Acknowledgment:**

I acknowledge reviewing all pages of this annual evaluation and the attached narrative assessments done by my Department Personnel Committee and my Department Chair. I realize that these are recommendations and that the final decision regarding reappointment will be made by my Dean/Director.

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date

**Dean's/Director's Decision**

Based on your performance during the appointment period and availability of funding, you are:

Appointed for the period \_\_\_\_\_ to \_\_\_\_\_

Not appointed \_\_\_\_\_

Name of Dean/Director \_\_\_\_\_

Signature of Dean/Director \_\_\_\_\_

Date \_\_\_\_\_