Faculty on Non-Compensated Appointments
Evaluation and Recommendation for Renewal
University of Hawai‘i at Manoa

Name_______________________________________ Position Title_________________________________

Evaluation Period: From: _________  To: _________

School of Medicine, Department of _____________
Coll of Hlth Sci & Soc Welfare

General Instructions for Assessments by Department Chair

Provide a brief written narrative assessment 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 non-compensated appointment. 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 Chair/Program Director

A. Written narrative by appropriate categories (please attach)

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

______________________________________
Name of Department Chair

___________________________________________
Signature of Department Chair

Based on your performance during the appointment period, you are:

Renewed for the period ___________________  ☐
Not renewed  ☐

Faculty Member’s Acknowledgment:

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

_______________________________________________________ __________________
Signature of Faculty Member          Date

12/2002