

MONTCLAIR STATE UNIVERSITY
Montclair, New Jersey

RECOMMENDATION FOR MULTI-YEAR CONTRACT
(July 1, 2012 - June 30, 2015)

Name: _____ Functional Title: _____

Recommendation of Immediate Supervisor (Attached)

Recommendation of Unit Head (Attached)

Recommendation of Vice President/Division Head

Comments:

___ Reappointment Recommended

___ Reappointment Not Recommended

Vice President/Division Head's Signature

Date

President

___ Reappointment Approved

___ Reappointment Denied

Signature

Date

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CANDIDATE'S INFORMATION PAGE

Name: _____ Date: _____

Functional Title: _____

As part of the review and evaluation process for appointment to a multi-year contract, you are asked to complete the following self-assessment form.

The evaluation of professional activities is based on total professional performance. The self-assessment statement **must** include at a minimum: (1) a description of current duties (job description), (2) a review of current and past job performance, (3) an analysis of professional contributions and potential for continued development, and (4) a statement of future professional goals and objectives for the term of the contract.

If additional space is required, please attach additional pages.

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IMMEDIATE SUPERVISOR'S SUMMARY AND RECOMMENDATION

Candidate's Name: _____ Functional Title: _____

The following statement reflects my assessment and appraisal of the above named candidate's (1) competencies, (2) professional performance, and (3) potential for continued professional growth and contributions. (You may attach additional pages as necessary) **To be completed and signed by the immediate supervisor and candidate being reviewed.**

___ Reappointment Recommended

___ Reappointment Not Recommended

Immediate Supervisor Name (please print)

Immediate Supervisor Signature

Title

Date

Candidate's Signature: _____ Date: _____

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UNIT HEAD'S SUMMARY AND RECOMMENDATION

Candidate's Name: _____ Functional Title: _____

The following statement reflects my assessment and appraisal of the above named candidate's (1) competencies, (2) professional performance, and (3) potential for continued professional growth and contributions. (You may attach additional pages as necessary) **To be completed and signed by the unit head.**

___ Reappointment Recommended

___ Reappointment Not Recommended

Unit Head Name (please print)

Unit Head Signature

Title

Date

On file with:
Division of Human Resources

(REV 08/11)