**Request to Credit Previous Satisfactory Academic Service**

**Instructions to Faculty Member:** Please complete and submit this form to the chair of your evaluation sitting committee. Instructions and deadlines regarding this application can be found in the SLCC Faculty Handbook Appendix 4.   

Date of Application:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Portfolio link: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I request that \_\_\_\_\_ year(s)*(maximum: 3*) of my previous full-time faculty service at a regionally accredited institution be credited to my pre-tenure probationary period at Salt Lake Community College.*

List your previous Accredited Institutions, positions, and dates of service:

|  |  |  |
| --- | --- | --- |
| College/University/Institution | Position Title | Dates of Service |
|  |  |  |
|  |  |  |
|  |  |  |

*My professional portfolio demonstrates that my previous academic service in full-time faculty appointment at a regionally accredited institution(s) met or exceeded standards of professional performance for assistant professors at Salt Lake Community College.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty Member Signature

**Instructions to the Evaluation Sitting Committee Chair**: Upon review of the faculty member’s performance and professional portfolio linked above, and with approval from the tenured members of the department faculty, indicate your decision regarding this application. Transmit this application form to the dean by the agreed-upon deadline.

* Yes, we recommend \_\_\_\_\_\_\_ years be credited towards the pre-tenure probationary period.

Total Votes: \_\_\_\_\_\_\_\_

 No, we do NOT recommend years credited towards the pre-tenure probationary period.

Total Votes: \_\_\_\_\_\_\_\_

**Evaluation Sitting Committee Signatures**

By signing below, we confirm the recommendation and vote above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Vote** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Instructions to the Dean**:

Upon review of the faculty member’s professional portfolio, the evaluation sitting committee recommendation, and other relevant materials, indicate your decision regarding the candidate’s application to credit previous full-time experience. Transmit this application form to the provost no later than March 31 along with a detailed letter to the provost recommending approval or denial.

Yes, I recommend \_\_\_\_\_\_ years credited towards the pre-tenure probationary period.



If approved, submit a copy of the letter and this application to HR Director of Faculty Services and to the faculty member’s division/department tenure file. 

 No, I do NOT recommend years credited towards the pre-tenure probationary period.

If disapproved, compose a letter explaining the reasons for not approving the request and send the letter to the faculty member. Please attach a copy of the letter to this application and submit to the HR Director of Faculty Services and to the faculty member’s division/department tenure file.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean Date

**Instructions to the Provost:**

Upon review of the faculty member’s application and the recommendation letter from the Dean, indicate your decision regarding the candidate’s application to credit previous full-time experience.

 Yes, I recommend \_\_\_\_\_\_ years credited towards the pre-tenure probationary period.

 No, I do NOT recommend years credited towards the pre-tenure probationary period.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Provost Date