



NEW YORK CITY COLLEGE OF TECHNOLOGY

THE CITY UNIVERSITY OF NEW YORK

OFFICE OF FACULTY AND STAFF RELATIONS

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MEMORANDUM OF TRANSMITTAL

DATE: \_\_\_\_\_

TO: Office of Faculty and Staff Relations

FROM: \_\_\_\_\_
Name Department/Program
SUBJECT: ( ) Appointments Committee Action 2nd [ ] year Reappointment
( ) Peer Committee Action 3rd [ ] or 5th [ ] 6th [ ]
( ) Promotion 4th [ ] or 7th [ ] Tenure [ ]
( ) Academic Leave
Staff Member \_\_\_\_\_ Rank \_\_\_\_\_
(Last name, first)

At its meeting of \_\_\_\_/\_\_\_\_/\_\_\_\_, the above indicated committee took the following action with respect to the above-named individual on the date indicated.

The vote on this matter was \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.
Yes No Abstain

Table with 3 columns: Action Item, Recommended, Not Recommended. Rows include Appointment, Reappointment, Reappointment with Tenure, Promotion to Senior CLT, Promotion to Associate Professor, Promotion to Professor, Promotion to Adj. Assoc. Professor, Promotion to Adj. Professor, Fellowship/Scholar Incentive Leave.

I hereby certify that all the annual evaluations, observations, student opinion reports, memoranda, and any other appropriate documents were available to all members of the committee.

Signature of Chair/Coordinator Date

Noted by: \_\_\_\_\_
Academic Dean Date