APPENDIX G-2

VICE PRESIDENT'S

EVALUATION AND RECOMMENDATION (REAPPOINTMENT)

Name:	Department:
Date of Last Evaluation:	
Date of This Evaluation:	
Personnel Action Being Considered:	
☐ I concur with the Dean's evaluation for r	reappointment, recommendation and reasons.
	on for reappointment, recommendation and/or ed the responsibility for evaluations. My ow:
EVALUATION AND RECOMMENDATION:	
G. C. C. C. D 1	D
Signature of Vice President	Date
This is to certify that I have read this evaluation.	
Signature of Unit Member	Date
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