## 

**Non-renewal Guideline and Request Form for Non-tenured Faculty**

Revised 1/21/2020

Non-tenured faculty must be notified in writing according to the schedule below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit/College Request**  **Deadline** | **Letter Delivery**  **Deadline\*** | **Employment**  **Years at UI** | **Non-renewal Policy Timeline Description** |
| Jan 15 | March 1 | 1st Year | In the 1st full year of employment & not renewing at the end of the current contract year |
| Nov 15 | Dec 15 | 2nd year | In the 2nd full year of employment & not renewing at the end of the current contract year |
| Mar 16 | July 15 | 3rd year & on | In the 3rd full year (or more) of employment & not renewing at the end of the next contract year |

**\*** The dates are not negotiable and are stated in [**FSH 3900**](https://www.webpages.uidaho.edu/fsh/3900.html).

**NOTE:** Under some circumstance this schedule may be altered depending on contingencies associated with the contract, if they exist.

**NOTE:** When a contract ends within an academic or fiscal year, there are time requirements for notification that may be outside of the above dates. 1) in the first year requires at least 3 month’s advance notice; 2) in the second year requires at least 6 month’s advance notice; 3) in the third year or beyond requires at least 12 month’s advance notice.

**General Process Steps:**

1. Complete the non-renewal request form for non-tenured faculty and submit to [provost@uidaho.edu](mailto:provost@uidaho.edu).
2. The Vice Provost for Faculty or designee will review the form and attached documentation, there will be a follow-up phone interview to confirm responses/information provided.
3. The Vice Provost for Faculty or designee will confer with legal counsel and HR and/or take the opportunity to coordinate among the administrative processing offices.
4. The Vice Provost for Faculty will consult with the Provost & EVP prior to submitting the request to the President.
5. The President will coordinate with the requesting department and college to deliver the termination. Copies will be provided to the Office of the Provost and Executive Vice President for the personnel files.

## **NON-RENEWAL REQUEST FORM FOR NON-TENURED FACULTY**

Revised 10/8/2019

**Directions:** Fully complete this form for presidential action to non-renew, non-tenured faculty at the end of the contract year. Incomplete forms will be returned to the unit. **Submit the form and any accompanying documentation to** [**provost@uidaho.edu**](mailto:provost@uidaho.edu)**.** Questions can be directed to Mary Stout at [stoutm@uidaho.edu](mailto:stoutm@uidaho.edu).

**Processing Steps:**

*The reviewer/completer enters the date as the step is completed and submitted to the next level*

Step 1: Unit/College submits request form

Step 2: Reviewed by Vice Provost for Faculty

Step 3: Reviewed by General Counsel

Step 4: Reviewed by Human Resources

Step 5: Presidential Level Review & Action

**Section 1. Terminating Faculty Employee Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee Name |  | | | Vandal # | |  |
| Department/Unit |  | | | College | |  |
| Employee Mailing Address | |  | | | | |
| Planned Date for non-renewal | |  | College/Unit HR Business Partner Name | |  | |
| Employee Start Date | |  | Employee FTE | |  | |

**Section 2. Faculty Employee Appointment Information**

1. Are there any contingencies in the offer letter or annual salary agreement and/or contract associated with the position? \_\_\_\_ Yes \_\_\_\_ No

If yes, list the contingency(s):

1. Is the employee on a multi-year contract? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide the start date of the multi-year contract and when it is scheduled to end.

1. Indicate if the employee is \_\_\_\_ tenure track, or \_\_\_\_ non-tenure track.
2. Indicate if the employee is on an \_\_\_\_ Academic Year contract or a \_\_\_\_ Fiscal Year contract.
3. Have you already discussed non-renewal/termination with the employee? \_\_\_\_ Yes \_\_\_\_ No
4. Describe other information applicable to the faculty appointment here (optional):

**Section 3. Supervisor Information & Supervisor Statement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supervisor Name:** |  | **Phone:** |  | **Email:** |  |
| **Dean/Vice Provost Name:** |  | **Phone:** |  | **Email:** |  |

If the request is approved, what will be the method of delivery:

|  |  |
| --- | --- |
| Hand delivery by supervisor/unit (preferred) |  |
| Certified mail (off-campus locations) |  |
| Other (explain below) |  |

***REQUIRED***: Provide a narrative statement (below or attach) detailing background information, processes, and any timeline of actions taken. Include any of the items that have been completed and that you select in section 4 below. State your rationale for this final decision.

**Section 4. Faculty Reviews/Evaluations and Documentation**

*In the table below mark all applicable processes that have taken place that are associated with this request and attach the documents to this form*

|  |  |
| --- | --- |
| Discipline and Supporting Documentation |  |
| 3rd Year Review |  |
| Peer Performance Review |  |
| Periodic Review |  |
| Unsatisfactory Annual Performance Review |  |
| Other Performance Related Documentation |  |
| Other Documentation (explain below) |  |

If applicable, explain below other processes that have been conducted or other miscellaneous attached documents:

|  |
| --- |
|  |