## HUMBOLDT STATE UNIVERSITY

## WPAF COVER PAGE FOR PROBATIONARY FACULTY

Date of File Submission to						
		Departm	nent Per	sonnel Commi	ttee:	
Candidate Name:						
Department:						
Current Rank:						
Initial Appointmen	t date:					
Please indicate ser	vice credit years	s received:				
	<b>2</b>					
Please indicate you	ır <u>current</u> proba	itionary year	:			
	<b>3</b>	□ 4	<b>5</b>	<b>D</b> 6		
Please indicate effe					sion:	
	ective academic	year(s) of <u>pr</u>			sion:	
Please indicate effe	ective academic	year(s) of <u>pr</u> demic year:	r <u>evious</u> 1		sion:	
Please indicate effe One-year retention or	ective academic – effective aca – effective aca	year(s) of <u>pr</u> demic year: demic years:	r <u>evious</u> 1		sion:	
Please indicate effe One-year retention or Two-year retention	ective academic – effective aca – effective aca	year(s) of <u>pr</u> demic year: demic years: on you seek:	r <u>evious</u> r		sion:	

Please indicate which should be used in evaluating your file:

Current approved department RTP Criteria & Standards

- Retention/reappointment candidates must use current approved standards, if they exist
- Tenure/promotion candidates may use these standards or immediate prior approved standards, if changed within last 2 years

**D** Prior approved department RTP Criteria & Standards

• Tenure/promotion candidates may use Appendix J or these standards, if expired within past 2 years

🗖 Appendix J

• All candidates must use if no department standards exist