



Request for Group-II Multi-Year Contract

(due by 1-Jun in Dean's Office)

NOTE: This process must be initiated by the Department Chair in consultation with the faculty member.

Date: _____ (dd-mmm-yyyy)

Faculty Name: _____

Employee Number: _____ ([ID look-up](#))

Department: _____ Email: _____ @ohio.edu

Original Group-II Hire Date: _____ (dd-mmm-yyyy)

Most Recent Promotion on Date: _____ (dd-mmm-yyyy) to rank of:

Associate Lecturer

Senior Lecturer

Requesting Multi-Year Contract for:

2-years

3-years

4-years

5-years

Department Review:

Request Granted – Justification: * _____

Request Denied – Comments: _____

Dept. Chair Signature: _____ Date: _____ (dd-mmm-yyyy)
(Adobe digital signature only)

College Review:

Request Granted

Request Denied – Comments: _____

Associate Dean Signature: _____ Date: _____ (dd-mmm-yyyy)

CFAO Signature: _____ Date: _____ (dd-mmm-yyyy)

* Based upon faculty desire, performance, and anticipated continuing curricular need.

NOTE: DO NOT SCAN THIS FORM

Dean Letter Sent on Date: _____