

Attachment 2

UNIVERSITY OF HAWAI'I COMMUNITY COLLEGES  
Kapi'olani Community College

Name of Faculty: \_\_\_\_\_

Position Title/Rank: \_\_\_\_\_

I have been informed that in accordance with UHCCP #9.203, Faculty Five-Year Review, I am required to submit an evaluation document in Academic Year \_\_\_\_\_ . However, I intend to retire on \_\_\_\_\_, month/date/year, therefore, I will be exempt from the five-year review process this year. I understand that if I do not retire on the date as indicated above, I am required to submit documents for a five-year evaluation within 30 days of that date.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department/Division Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Chancellor

\_\_\_\_\_  
Date