



Date : _____

RENEWAL NOTIFICATION SLIP
(For Renewal of Contract of Lecturers)

INSTRUCTIONS: Kindly check the appropriate box for the contract renewal of the College's lecturers. Please indicate the number of units for renewal and the remarks for non-renewal.

College / Office : _____ **A.Y.** : _____

For the semester : 1st Semester / Trimester 2nd Semester / Trimester Mid-Year / 3rd Trimester

NAME OF PERSONNEL to be renewed:

1.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
2.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
3.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
4.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
5.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
6.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
7.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
8.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
9.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
10.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
11.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
12.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
13.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
14.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
15.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
16.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
17.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
18.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
19.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____
20.	_____	<input type="checkbox"/> Renewal	# of Units: _____	<input type="checkbox"/> Non-Renewal	Remarks : _____

Signature over Printed Name of College Dean

Date : _____