Appendix AB

Article 7.19: Electronic Notification of Required Improvement

Faculty Name _____ CWID_____

Department_____ Division_____ Campus _____

Dean or appropriate administrator _____

In accordance with Article 7.19.2 of the FA-FHDACCD *Agreement*, the attached letter serves as official notification of the improvements necessary for continued employment by the college.

Attach letter here:

Dean Signature _____

By signing below, I acknowledge receipt of this notification. I acknowledge that a joint evaluation will follow to determine if these improvements were made. I am aware that I have a right to Faculty Association (FA) representation throughout this process.

Faculty Signature _____