

**LEEWARD COMMUNITY COLLEGE
LECTURER POOL RECOMMENDATION FORM**

Name: _____ Banner ID: _____ Discipline: _____

MQ used in range/step placement: _____

Restricted to teaching only the following course(s): _____

Educational Background

Highest Degree: _____ Field: _____ Institution: _____
Month/Year

Other Degrees: _____ Field: _____ Institution: _____

License (if required) _____ When awarded: _____ Awarding agency: _____

Work Experience

Period (Month/Year)	Agency (Name/City)	<u>Position</u>	<u>Responsibilities</u>	<u>Full-time/ Part-time*</u>	<u>Total Service</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*If part-time instructional position, specify # classes/semester; # of hours/week for other positions.

Division Chair's Recommendation

Range/Step: _____

Division Chair: _____
Date

Dean's Recommendation

Range/Step: _____

Dean: _____
Date