## **DEPARTMENT ELECTION CERTIFICATE OF COMPLIANCE**

		tee:	(this total	includes all tenu	for the Chair and other members of the red and untenured professors, associate	
includ exclud	ing all t les perso	those or ns who	n leaves other than are serving in full-t	Travia leave, wh	Certificate of Continuous Employment, ether or not present for the election. It is positions [e.g., Dean], who are on Travia the have submitted notice of resignation)	
leave, who have received notice of non-reappointment, or who have submitted notice of  2. Persons Elected (note individual's rank (Assistant Professor, etc.) and if individual's rank (Assistant Professor, etc.)						
2.	Tenure		ed (note individua	I'S FANK (ASSISTAN	_	
Chairp	erson:				Term of Office: month/date/year (s)	
P & B Comm Membe	ittee ers	1: 2: 3: 4:				
Each of the above must be elected by a majority of the number of persons shown in paragraph "1" above. Mail, telephone, or proxy voting is not allowed; <b>all voters must be present in person</b> . Four members of the committee, including the chairperson, must have been granted tenure by the Board of Trustees as the date of the election, except in departments with fewer than four tenured faculty members.						
	The By		ovide that departme		take place during the first full week of sons and P & B Committee Members.)	
<b>4.</b> (a)	Other Rules:  Adequate notice of the date and agenda of the meeting must be provided in writing by the Department Chair to all persons eligible to vote. Generally ten days to two weeks notice is sufficient.					
(b) (c)		ections shall be by secret ballot.  nutes, including a record of the tally of the votes, shall be kept.				
I herek of Nev been c be con	by certif w York complied	y that to govern I with in in acco	he provisions of the ing the organizaten the election hero	ne <i>Bylaws</i> of the B ion of department eby reported. Su	oard of Trustees of The City University oars, including those noted above, have been telections to fill vacancies will nd will be certified to the Office of the	
	Depart	ment N	ame	Signature Chairperson Print Name:		

Please return completed form to: Office of the Provost, Kiely Hall - Room 1107 and via email: minonska.castellanos@qc.cuny.edu