

Support Services Administrative Review Transmittal

Unit: _____

Cycle Year: _____

Review Participants:

1. _____ (Chair)	4. _____
2. _____	5. _____
3. _____	6. _____

Delivery to Divisional Supervisor:

Service Unit Review Report Delivered to _____

(Name)

Review Chair's Signature

(Paper copy) Date

(Electronic copy) Date

Delivery to Executive Team Leader:

Review Report and Divisional Supervisor Report Delivered to _____

(Name)

Executive Team Leader's Signature

(Paper copy) Date

(Electronic copy) Date

Delivery to President:

Review Report, Supervisor's Report, and Executive Team Leader's Report Delivered to the President

Executive Team Leader's Signature

Date (Paper copy)

Electronic Copy of Review Report, Supervisor's Report, & Executive Team Leader's Report Delivered:

Office of the President

Date: _____

Office of Strategic Planning and Institutional Research

Date: _____

Presentation to the Board of Regents:

Presentation made to the Board of Regents

Date: _____

Paper Copies Received by the Office of Strategic Planning and Institutional Research:

Review Report

Date: _____

Divisional Supervisor's Report and Recommendations

Date: _____

Executive Team Leader's Report and Recommendations

Date: _____

President's Report

Date: _____