



LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

MAJOR CONTRIBUTION FORM

To: Personnel Department

From (Name of Faculty Member): _____

Department: _____ Division: _____

Periods under review: _____

Type of major contribution: _____

The purpose of this form is to allow you to highlight one contribution that you consider particularly important and describe it in detail; also include a personal assessment of the significance of this effort. As the years towards tenure progress, this document becomes increasingly important. This contribution, and all others, will be documented in the annual evaluation.

Name of Person(s) to be contacted regarding the nature of the contribution

Employee Signature _____ Date _____