1. Electorate: Number of persons eligible to vote for the Chair and other members of the P \& B Committee: $\qquad$ (this total includes all tenured and untenured professors, associate professors, assistant professors, and lecturers with a Certificate of Continuous Employment, including all those on leaves other than Travia leave, whether or not present for the election. It excludes persons serving in full-time administrative positions [e.g., Dean], who are on Travia leave, who have received notice of non-reappointment, or who have submitted a notice of resignation).

## 2. Persons Elected (note individual's rank (Assistant Professor, etc.) and if the individual is Tenured):

Term of Office: month/date/year (s)
Chairperson:

$\qquad$
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; all voters must be present in person. 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.

## 3. Date of Election:

(Note: The Bylaws provide that department elections shall take place during the first full week of May preceding expiration of the terms of office of Chairpersons and P \& B Committee Members.)

## 4. Other Rules:

(a) 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) Elections shall be by secret ballot.
(c) Minutes, including a record of the tally of the votes, shall be kept.

I hereby certify that the provisions of the Bylaws of the Board of Trustees of The City University of New York governing the organization of departments, including those noted above, have been complied with in the election hereby reported. Subsequent elections to fill vacancies will be conducted in accordance with the same provisions and will be certified to the Office of the General Counsel.

Department Name $\quad$| Signature |
| :--- |
| Chairperson |
| Print Name: |

Please return completed form to:
Office of the Provost, Kiely Hall - Room 1103 and via email: Sandra.Mew@qc.cuny.edu

