

MIAMI DADE COLLEGE

**CONTINUING CONTRACT PACKET CUSTODY FORM**

**Packet for** \_\_\_\_\_ **Campus** \_\_\_\_\_  
Name of Faculty Member

**Program/Department** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**PLEASE PRINT NAME AND SIGN**

\_\_\_\_\_  
Chairperson or Designee Date Received

\_\_\_\_\_  
Faculty Dean's Office Date Received

\_\_\_\_\_  
Campus Continuing Contract Committee Date Received

\_\_\_\_\_  
Faculty Dean Date Received

**Return of Packet after Board Action**

\_\_\_\_\_  
Faculty Member Date Received