

CALIFORNIA STATE POLYTECHNIC UNIVERSITY POMONA

FACULTY PERFORMANCE REVIEW

2008-09

*(These 19 pages are to be printed or copied on blue paper.
Additional pages inserted to be on white paper.)*

Candidate: _____

Department: _____

Action Requested by Candidate: (Check as many as apply)

Reappointment to Probationary Year
 Tenure Early Tenure
 Promotion Early Promotion

RECOMMENDATION SUMMARY							
	Reappointment			Tenure		Promotion	
	Yes	Terminal Year	No	Yes	No	Yes	No
Department RTP Committee							
Department Chair							
Dean/Director							
University RTP Committee							
Provost and Vice President for Academic Affairs							

Candidate: _____ Department: _____

FACULTY PERFORMANCE REVIEW TRACKING SHEET

	<u>Date</u>	<u>Initials</u>
<u>Department RTP Committee</u>		
Package received by DRTPC Chair	_____	_____
DRTPC notified Candidate of recommendation	_____	_____
Candidate appealed to CRTPC	_____	_____
<u>College RTP Committee</u>		
Package received by CRTPC Chair	_____	_____
Meeting held with Candidate, CRTPC, and DRTPC	_____	_____
CRTPC notified Candidate of evaluation of appeal (copy to DRTPC)	_____	_____
If appeal upheld, package returned to DRTPC Chair	_____	_____
DRTPC responded to appeal (copy to CRTPC Chair)	_____	_____
<u>Dean/Director</u>		
Package received by Dean/Director	_____	_____
Dean/Director notified Candidate of recommendation (copies to DRTPC and CRTPC)	_____	_____
Candidate appealed Dean's/Director's recommendation to URTPC	_____	_____
<u>University RTP Committee</u>		
Package received by Faculty Affairs for URTPC	_____	_____
Appeal hearing held with Candidate, URTPC, Dean, CRTPC Chair, and DRTPC Chair	_____	_____
URTPC notified Candidate of evaluation of appeal (copies to Dean, CRTPC, and DRTPC)	_____	_____
If appeal upheld, package returned to Dean/Director	_____	_____
Dean/Director responded to appeal (copies to URTPC, CRTPC, and DRTPC)	_____	_____
URTPC notified Candidate of recommendation	_____	_____
<u>Provost and Vice President for Academic Affairs</u>		
Package received in Provost's Office	_____	_____

CANDIDATE'S REQUEST FOR PERFORMANCE REVIEW

Directions to Candidate: Please complete pages 3 through 6, plus any appended pages. The RTP process seeks to provide a fair evaluation of your performance during the evaluation period and consists of up to four faculty evaluations and three administrative reviews. You have the right to appeal (for reasons of misapplication of evaluation criteria or procedural errors only) the following evaluations: DRTPC, Dean/Director. Please be aware that nothing may be added to this package at any stage without your being given the opportunity to acknowledge and respond to any such additions.

Candidate: _____

Department: _____

Tenured: ___ Yes ___ No **Current Rank:** _____

Did you receive Service Credit with your initial probationary appointment? ___ Yes ___ No

If yes, how many years? ___ One Year ___ Two Years

Month and Year of Initial Probationary Appointment _____

If not tenured, your current probationary year:

--	--	--	--	--	--

 (Check year)

1 2 3 4 5 6

Academic Qualifications: (Please list in reverse chronological order of receipt)

Degree, Certificate or License	Institution	Discipline	Date Granted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Year of RTP Criteria Used for this Evaluation: _____

Period Covered by this Evaluation: _____

Please check specific action(s) requested in this evaluation:

1. _____ Reappointment to _____ Probationary Year
2. _____ Reappointment with Tenure
3. _____ Reappointment with Early Tenure
4. _____ Promotion to _____ (Academic Rank)
5. _____ Early Promotion to _____ (Academic Rank)

SIGNATURE OF CANDIDATE: _____

DATE: _____

Candidate: _____ Department: _____

CANDIDATE'S REPORT OF TEACHING AND RELATED DUTIES,
PROFESSIONAL ACTIVITIES AND SERVICE TO THE
UNIVERSITY AND COMMUNITY

In sections 1 through 5, please include information for the appropriate period of this evaluation only. These sections provide a brief summary of the contributions and accomplishments that should be discussed at greater length in the self-evaluation.

1. **Course Assignments** _____ **Academic Year(s)**

2. **Assigned Related Duties:**

Please list assignments and duties not directly connected with teaching; e.g., committee assignments, student activity involvement, and university service contributions. Please do not list such items as office hours, class preparation or grading papers and examinations.

(Insert additional pages on white paper as 4.b, 4.c, etc. as necessary. This will happen automatically using this word file.)

SIGNATURE OF CANDIDATE: _____

DATE: _____

Candidate: _____ Department: _____

3. **Professional Activities:**

Please list, for example, offices held in professional organizations, conferences, papers you presented, consulting activities, research efforts, editorial activities for professional journals, scholarly work in progress, achievements, recognitions, awards and honors. Include any activities that contributed to your professional growth.

4. **Service to the Community:**

Please list only those activities related to your professional career.

5. **Other Noteworthy Activities:**

(Insert additional pages on white paper as 5.b, 5.c, etc. as necessary. This will happen automatically using this word file.)

SIGNATURE OF CANDIDATE: _____

DATE: _____

CANDIDATE'S SELF-EVALUATION OF PERFORMANCE

Please address each of the items identified in your department's approved RTP criteria for the requested action, being as specific as possible. Indicate how you have met or exceeded each criterion (refer to department RTP criteria by number, if possible). In addition, candidates for reappointment must discuss their progress toward meeting department requirements for tenure. All candidates must discuss progress made on any recommendations for improvement given in the previous RTP cycle. Attach additional pages for the self-evaluation, numbering each in order 6.a, 6.b, etc.

The following items should be included and each page signed and dated. It is suggested that you include these as an Appendix at the end of the RTP package (after page 19).

1. Summary sheets for all student evaluations that were administered for you during the period of evaluation
2. A copy of the questions to which students responded for these evaluations
3. Originals of all peer evaluation reports for the period of evaluation
4. Originals of signed letters from students, faculty, or administrators

Supplemental documents, such as publications, should not be included; rather it is suggested that you include an index of these items with the understanding that you will make them available to evaluators upon request. The Index of Supplemental Material could also be placed in the Appendix.

(Insert additional pages on white paper as 6.b, 6.c, etc. as necessary. This will happen automatically using this word file.)

SIGNATURE OF CANDIDATE: _____

DATE: _____

Candidate: _____ Department: _____

DEPARTMENT RTP COMMITTEE RECOMMENDATION

STATEMENT:

"The members of the Department RTP Committee, whose signatures and academic ranks appear below, recommend as a body that the action(s) checked below be taken. This recommendation is based upon our review of the candidate's performance with reference to the approved Department RTP document. Criteria for evaluation not included in this document have not been utilized."

RECOMMENDED ACTION(S):

1. ____ Reappointment to _____ Probationary Year
2. ____ Reappointment with Tenure
3. ____ Reappointment with Early Tenure
4. ____ Promotion to _____ (Academic Rank)
5. ____ Early Promotion to _____ (Academic Rank)
6. ____ Termination (Available for candidates currently in PY 1 or 2)
7. ____ Reappointment with Terminal Year (Available for candidates in PY 3, 4, 5 or 6)
8. ____ Deny Promotion
9. ____ Deny Early Promotion
10. ____ Deny Early Tenure

PRINTED NAME	SIGNATURE	ACADEMIC RANK	DATE
DRTPC Chair:			

Members of the DRTPC who do not agree with the Committee's recommendation may submit their comments on additional pages. The minority report should be inserted after the DRTPC evaluation as pages 8.1.a, 8.1.b, 8.1.c, ... Each member of the DRTPC is required to sign either page 7 or a minority report.

SIGNATURE OF CANDIDATE: _____

DATE: _____

Candidate: _____ Department: _____

**DEPARTMENT RTP COMMITTEE EVALUATION OF
CANDIDATE'S PERFORMANCE**

The DRTPC is in the most immediate position for peer evaluation of the performance of the candidate relative to the department's approved document. This evaluation is to be specific, honest and clear in identifying the candidate's strengths and weaknesses. Reference needs to be made to specific department criteria (by number, if possible). This evaluation must include interpretations of the candidate's student evaluations (Please see Appendix 10 of the University Manual). Specific recommendations for improvement should be provided. The acceptability of what the candidate has proposed for personal professional growth activities in the next evaluation period are appropriate elements of the DRTPC evaluation. It is expected that additional pages will be necessary; they should be numbered as 8.b, 8.c, etc. The candidate will acknowledge receipt of this evaluation by signing each page.

Any member of the DRTPC may file a minority report. The minority report should be inserted after the DRTPC evaluation as pages 8.1.a, 8.1.b, 8.1.c, ... The candidate will sign every page of a minority report.

(Insert additional pages on white paper as 8.b, 8.c, etc. as necessary. This will happen automatically using this word file.)

**SIGNATURE OF DRTPC
CHAIR:** _____

DATE: _____

SIGNATURE OF CANDIDATE: _____

DATE: _____

Candidate: _____ Department: _____

**CANDIDATE'S ACKNOWLEDGMENT OF THE DRTP COMMITTEE'S
EVALUATION AND RECOMMENDATION**

STATEMENT:

"I have seen each page of the DRTP Committee's evaluation and recommendation, as well as all dissenting comments included by DRTPC members, if any, and (*check one of the following and sign*)...

_____ acknowledge them."

_____ respond to them without appeal." (Include the response on the following pages numbered 9.a, 9.b, 9.c, ...)

_____ acknowledge with appeal."

SIGNATURE OF CANDIDATE: _____ DATE: _____

APPEAL:

The candidate will sign below when the candidate wishes to proceed with an appeal.

_____ "I appeal the DRTPC's recommendation to the CRTPC. I understand that (1) a formal written appeal must be filed with the CRTPC before 5:00 p.m. on the tenth calendar day following receipt of the DRTPC's recommendation and that (2) the only valid grounds for appeal are (a) misapplication of approved criteria and/or (b) violation of procedure by the DRTPC."

[Candidate's appeal to the CRTPC should be numbered as pages 9.3.a, 9.3.b, 9.3.c, ... and delivered to the Office of Faculty Affairs.]

[Response from CRTPC on the appeal appears on page 13.]

SIGNATURE OF CANDIDATE: _____ DATE: _____

Candidate: _____ Department: _____

DEPARTMENT RTP COMMITTEE CHECKLIST

Instructions to the DRTPC Chair: The DRTPC Chair is responsible for assuring the completeness of the candidate's package prior to its receipt by the College/School RTP Committee or the Dean/Director. The Chair must be familiar with the requirements of Appendix 16 and Articles 13 through 15 of the Collective Bargaining Agreement and must respond to each question below. All "no" responses require explanation.

1. Was a copy of the approved department RTP criteria document provided to the candidate before the package was prepared?
Yes _____ No _____ Chair Initials _____
2. Have you made entries in all appropriate blanks and boxes through page 9?
Yes _____ No _____ Chair Initials _____
3. Have computer summaries of the student course evaluations been included, reduced to 8 1/2 x 11 page size? (At least 4 per year during 1995/96-1998/99, 2 for every other year)
Yes _____ No _____ Chair Initials _____
4. Has a sample of the question sheet used for student evaluations been included?
Yes _____ No _____ Chair Initials _____
5. Are any signed student or faculty member comments included?
Yes _____ No _____ Chair Initials _____
6. Are peer classroom evaluations included? (At least 2 per year beginning with 1995-96)
Yes _____ No _____ Chair Initials _____
7. Has the DRTPC provided analysis of the student course evaluations and peer classroom evaluations as part of its evaluation?
Yes _____ No _____ Chair Initials _____
8. Has the candidate signed at all appropriate locations through page 9 and all pages in appendices?
Yes _____ No _____ Chair Initials _____
9. Are any minority reports of any dissenting DRTPC members included (as pages 8.1.a, 8.1.b, 8.1.c, ...)?
Yes _____ No _____ Chair Initials _____
10. Have all members of the DRTPC signed and dated the DRTPC recommendation? (These signatures must predate the acknowledgment signature of the candidate.)
Yes _____ No _____ Chair Initials _____

SIGNATURE OF DRTPC CHAIR: _____ DATE: _____

SIGNATURE OF CANDIDATE: _____ DATE: _____

Candidate: _____ Department: _____

DEPARTMENT CHAIR'S RECOMMENDATION

A tenured department chair shall either be a member of the department RTP committee or write a separate statement. Non-tenured department chairs are not eligible to participate in any RTP evaluations. Department chairs who are candidates for a promotion may only participate in the review of reappointment actions.

STATEMENT:

"As the Chair of the candidate's department, I recommend that the action(s) checked below be taken. This recommendation is based upon my review of the candidate's performance with reference to the approved department RTP document. Criteria for evaluation not included in this document have not been utilized. If this recommendation is not in agreement with that of the DRTPC, I have specifically justified my differing recommendation."

RECOMMENDED ACTION(S):

- 1. ____ Reappointment to _____ Probationary Year
- 2. ____ Reappointment with Tenure
- 3. ____ Reappointment with Early Tenure
- 4. ____ Promotion to _____ (Academic Rank)
- 5. ____ Early Promotion to _____ (Academic Rank)
- 6. ____ Termination (Available for candidates currently in PY 1 or 2)
- 7. ____ Reappointment with Terminal Year (Available for candidates in PY 3, 4, 5 or 6)
- 8. ____ Deny Promotion
- 9. ____ Deny Early Promotion
- 10. ____ Deny Early Tenure

PRINTED NAME	SIGNATURE	ACADEMIC RANK	DATE
Department Chair:			

SIGNATURE OF CANDIDATE: _____

DATE: _____

Candidate: _____ Department: _____

DEPARTMENT CHAIR'S EVALUATION

The Department Chair shall review the candidate's performance for the period of review with reference to the approved department RTP criteria for the requested action. This review shall identify the candidate's strengths and recommendations for improvement.

(Insert additional pages on white paper as 12.b, 12.c, etc. as necessary. This will happen automatically.)

SIGNATURE OF DEPT.

CHAIR: _____

DATE: _____

SIGNATURE OF CANDIDATE: _____

DATE: _____

Candidate: _____ Department: _____

**COLLEGE/SCHOOL RTP COMMITTEE EVALUATION
OF CANDIDATE'S APPEAL**

The College RTP Committee is to review the evidence to determine if either 1) there has been a violation(s) of department procedures and/or 2) a misapplication(s) of department RTP criteria by the DRTPC.

STATEMENT:

"The members of the College/School RTP Committee, whose signatures and academic ranks appear below, have considered the candidate's appeal and

_____ uphold the appeal based on a finding of 1) ____ violation(s) of department procedures and/or 2) ____ a misapplication(s) of department RTP criteria by the DRTPC and will send the RTP package back to the DRTPC

OR

_____ deny the appeal.

Our evaluation of the merits of the appeal is specified on the following pages."

PRINTED NAME	SIGNATURE	ACADEMIC RANK	DEPT.	DATE
CRTPC Chair:				

The CRTPC evaluation of the appeal should be inserted as pages 13.a, 13.b, ...

Members of the CRTPC who do not agree with the committee's finding may submit their comments on additional pages. Each member of the CRTPC is required to sign either this page or a minority report.

If the CRTPC determines that there has been a violation or misapplication, the DRTPC should insert their response as pages 13.1.a, 13.1.b, 13.1.c, etc.

**SIGNATURE OF CRTPC
CHAIR:**

DATE: _____

SIGNATURE OF CANDIDATE:

DATE: _____

Candidate: _____ Department: _____

DEAN'S/DIRECTOR'S RECOMMENDATION

STATEMENT:

"I, _____, Dean/Director of _____ recommend that the action(s) checked below be taken. If this recommendation is not in agreement with either that of the DRTPC or that of the CRTPC, I have specifically justified my differing recommendation."

RECOMMENDED ACTION(S):

1. ____ Reappointment to ____ Probationary Year
2. ____ Reappointment with Tenure
3. ____ Reappointment with Early Tenure
4. ____ Promotion to _____ (Academic Rank)
5. ____ Early Promotion to _____ (Academic Rank)
6. ____ Termination (Available for candidates currently in PY 1 or 2)
7. ____ Reappointment with Terminal Year (Available for candidates in PY 3, 4, 5 or 6)
8. ____ Deny Promotion
9. ____ Deny Early Promotion
10. ____ Deny Early Tenure

DEAN/DIRECTOR SIGNATURE

DATE

SIGNATURE OF CANDIDATE: _____

DATE: _____

Candidate: _____ Department: _____

**DEAN'S/DIRECTOR'S EVALUATION
OF CANDIDATE'S PERFORMANCE**

The Dean shall review the candidate's performance for the period of review with reference to the approved department RTP criteria for the requested action. This review shall identify the candidate's strengths and recommendations for improvement.

(Insert additional pages on white paper as 15.b, 15.c, etc. as necessary. This will happen automatically.)

SIGNATURE OF DEAN: _____ **DATE:** _____

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

Candidate: _____ Department: _____

**CANDIDATE'S ACKNOWLEDGMENT OF THE DEAN'S/DIRECTOR'S
EVALUATION AND RECOMMENDATION**

STATEMENT:

"I have seen each page of the Dean's/Director's evaluation and recommendation and *(check one of the following and sign)*...

_____ acknowledge them."

_____ respond to them without appeal." (Include the response on the following pages numbered 16.a, 16.b, 16.c, ...)

_____ acknowledge with appeal."

SIGNATURE OF CANDIDATE: _____ DATE: _____

APPEAL:

The candidate will sign below when the candidate wishes to proceed with an appeal.

_____ "I appeal the Dean/Director's recommendation to the URTPC. I understand that (1) a formal written appeal must be filed with the URTPC before 5:00 p.m. on the tenth calendar day following receipt of the Dean/Director's recommendation and that (2) the only valid grounds for appeal are (a) misapplication of approved criteria and/or (b) violation of procedure by the Dean/Director."

[Candidate's appeal to the URTPC should be numbered as pages 16.3.a, 16.3.b, 16.3.c, ... and delivered to the Office of Faculty Affairs.]

[Response from URTPC on the appeal appears on page 17.]

SIGNATURE OF
CANDIDATE: _____ DATE: _____

Candidate: _____ Department: _____

**UNIVERSITY RTP COMMITTEE EVALUATION
OF CANDIDATE'S APPEAL**

The University RTP Committee is to review the evidence to determine if either 1) there has been a violation(s) of RTP procedures and/or 2) a misapplication(s) of department RTP criteria by the Dean/Director.

STATEMENT:

"The members of the University RTP Committee have considered the candidate's appeal and

_____ uphold the appeal based on a finding of 1) _____ violation(s) of RTP procedures and/or 2) _____ a misapplication(s) of department RTP criteria by the Dean/Director and will notify the candidate, the Provost, the Dean, the CRTPC, and the DRTPC

OR

_____ deny the appeal.

Our evaluation of the merits of the appeal is specified on the following pages."

SIGNATURE OF URTPC CHAIR: _____ DATE: _____

The URTPC evaluation of the appeal should be inserted as pages 17.a, 17.b, ...

If the URTPC determines that there has been a violation or misapplication, the Dean/Director should insert their response as pages 17.1.a, 17.1.b, 17.1.c, ...

SIGNATURE OF CANDIDATE: _____

2008-09

DATE: _____

Candidate: _____ Department: _____

UNIVERSITY RTP COMMITTEE RECOMMENDATION

STATEMENT:

"The members of the University RTP Committee, whose signatures and College/School appear below, recommend as a body that the action(s) checked below be taken. If this recommendation is not in agreement with that of any previous evaluation, we have specifically justified our differing recommendation."

RECOMMENDED ACTION(S):

1. ____ Reappointment to ____ Probationary Year
2. ____ Reappointment with Tenure
3. ____ Reappointment with Early Tenure
4. ____ Promotion to _____ (Academic Rank)
5. ____ Early Promotion to _____ (Academic Rank)
6. ____ Termination (Available for candidates currently in PY 1 or 2)
7. ____ Reappointment with Terminal Year (Available for candidates in PY 3, 4, 5 or 6)
8. ____ Deny Promotion
9. ____ Deny Early Promotion
10. ____ Deny Early Tenure

	PRINTED NAME	SIGNATURE	COLLEGE/SCHOOL	DATE
1.	URTPC Chair:			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Additional URTPC comments follow on page 18.a (these may also include dissenting comments from members of the URTPC who do not agree with the Committee's recommendation). Acknowledge these comments by signing pages 18.a & 19 and returning by date indicated to the Office of Associate Vice President for Faculty Affairs (CLA T7-17).

Candidate: _____ Department: _____

**CANDIDATE'S ACKNOWLEDGMENT OF THE UNIVERSITY RTP COMMITTEE'S
EVALUATION AND RECOMMENDATION**

STATEMENT:

"I have seen each page of the University RTP Committee's evaluation and recommendation, as well as all dissenting comments included by University RTP Committee members, if any, and

_____ acknowledge them."

_____ respond to them on the following pages: 19.a through 19_____."

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

CANDIDATE:

Please sign and return this acknowledgment page plus any written response to the Office of the Associate Vice President for Faculty Affairs (CLA T7-17) no later than
