**FORM 14: CHECKLIST FOR RECONTRACTING**

**FOR PROFESSIONAL STAFF AND COACHES**

**CANDIDATE NAME DATE HIRED \_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE / DEPARTMENT PHONE EXT. \_\_\_\_\_\_\_\_\_\_\_\_**

**COMMITTEE CHAIRPERSON PHONE EXT. \_\_\_\_\_\_\_\_\_\_\_\_**

CHECKLIST FOR PROFESSIONAL STAFF within the bargaining unit appointed after December 31 of the current year shall not be reviewed by the appropriate Department Recontracting Committee and will be reviewed the following year as a first-year candidate. The Department Recontracting Chair must initial on blank line under word “Initials.” Please number the pages of the recontracting file and collate in the order listed below. Please include the corresponding file page number where indicated below.

**File Page**

**Starts With CHECKLIST Initials**

**\_\_\_\_\_\_** **1. Checklist \_\_\_\_\_\_**

\_\_\_\_\_\_ **2. Evaluation Criteria \_\_\_\_\_\_**

\_\_\_\_\_\_ **3. Current Job Description \_\_\_\_\_\_**

\_\_\_\_\_\_ **4. Rowan University Recontracting Application and Credentials \_\_\_\_\_\_**

\_\_\_\_\_\_ **5. Self-Assessment, including: \_\_\_\_\_\_**

* **Professional Performance**
* **Professional Development**
* **Service to the University Community**
* **Service to the Wide and Professional Community**

**\_\_\_\_\_\_ 6. Plans for Future Professional Growth \_\_\_\_\_\_**

**\_\_\_\_\_\_ 7. Supervisor’s Evaluation \_\_\_\_\_\_**

**\_\_\_\_\_\_ 8. Department/Office Recontracting Committee’s Evaluation, \_\_\_\_\_\_  
including numerical vote, minority report(s) if required, and   
names and signatures of committee members and chairperson**

**\_\_\_\_\_\_ 9. Previous Evaluations (as applicable)**

* **First Review (Supervisor Only)**
* **Second Review (Supervisor, Department/Office) \_\_\_\_\_\_**

**\_\_\_\_\_\_ 10. Supplemental Folder (optional) \_\_\_\_\_\_**