**FORM 13: CHECKLIST TENURE/RECONTRACTING FOR FACULTY / LIBRARIANS**

**HIRED BEFORE JULY 14, 2014. FOR 3RD & 4TH YEAR CONTRACTS (2nd Year of Service),**

**5th YEAR CONTRACTS (3rd Year of Service), AND FOR TENURE (5th Year of Service)**

**CANDIDATE NAME DATE HIRED**

**OFFICE / DEPARTMENT PHONE EXT.**

**DEPARTMENT T/R CHAIRPERSON PHONE EXT.­­­­**

CHECKLIST FOR FACULTY & LIBRARIANS within the Bargaining Unit appointed after December 31 of the current academic year shall be reviewed the following year as a first-year candidate. The Departmental Tenure & Recontracting Chairperson’s initials must appear on blank lines under “Initials.” Please number the printed pages of the recontracting file and collate in the order listed, and include the corresponding page number where indicated.

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| **File Page Starts With** | **#** | **CHECKLIST ITEM** | **Initial** |
| **i** | **1.** | Checklist (this page) |  |
| **\_1\_**  | **2.** | Application Form |  |
| **\_\_\_** | **3.** | Curriculum vitae (required) |  |
| **\_\_\_** | **4.** | Executive Summary (required) |  |
| **\_\_\_** | **5.** | Job Description (from initial job posting) |  |
| **\_\_\_** | **6.** | Courses Taught and Adjusted Load (current review cycle) |  |
| **\_\_\_** | **7.** | Approved Department Tenure/Recontracting criteria (including weight and interpretation of criteria, evaluation procedures, role of chairperson, and definition of terminal degree) |  |
| **\_\_\_** | **8.** | Teaching/Professional Performance:* Self assessment
* Student evaluations (current cycle) and candidate’s responses
* Peer evaluations (current cycle) and candidate’s response
* Student evaluations (all prior cycles)
* Peer evaluations (all prior cycles)
* Plans for future growth
 |  |
| **\_\_\_** | **9.** | Scholarly/Creative Activity or Professional Development* Self-assessment
* Plans for future growth
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| **\_\_\_** | **10.** | Service to the University Community* Self-assessment
* Plans for future growth
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| **\_\_\_** | **11.** | Service to the Wider and Professional Community* Self-assessment
* Plans for future growth
 |  |
| **\_\_\_** | **12.** | Departmental/Committee evaluation, numerical vote, and minority report (if necessary) (Appendix D)ENSURE THAT ALL SIGNATURES ARE PRESENT |  |
| **\_\_\_** | **13.** | Previous evaluations (as applicable)* First review (Department/Office, Dean/Supervisor)
* Second review (Department/Office, Dean/Supervisor, Senate, Dean, Provost)
* Third review (Department/Office, Dean/Supervisor, Senate, Dean, Provost)
 |  |
| **\_\_\_** | **14.** | Supplemental Folder (if needed) |  |

**SUPPLEMENTAL FOLDER:** CANDIDATES MAY ALSO INCLUDE IN THE FOLDER ONE (1) COPY OF ANY SUPPLEMENTAL DOCUMENTATION TO SUPPORT THEIR APPLICATION. THIS FOLDER WILL BE AT THE DISPOSAL OF THE SENATE COMMITTEE THROUGHOUT THE DELIBERATIONS.