**FORM 14: CHECKLIST TENURE / RECONTRACTING FOR PROFESSIONAL STAFF/COACHES**

**FOR 3RD & 4TH YEAR CONTRACTS (2nd Year of Service),**

**AND FOR 5TH YEAR CONTRACT (3rd YEAR OF SERVICE)**

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

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

**T/R 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 Senate Tenure and Recontracting Committee and will be reviewed the following year as a first-year candidate. Departmental tenure and 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 Number CHECKLIST ITEM Initials**

**Starts with:**

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

 **1** **2. Office Interpretation of the Evaluation Criteria 2. \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ 3. Role and specific function of the office head/director including a statement**

 **of whether or not the office head/director is included in the bargaining unit 3. \_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_ 5. Current, Written Job Description 5. \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ 6. A self-appraisal of professional performance 6. \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ 7. Plans for future professional growth 7. \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ 8. Supervisor’s evaluation. Provide reason if supervisor’s report is not included. 8. \_\_\_\_\_\_\_**

**\_\_\_\_\_\_ 9. Office Recontracting Committee’s Evaluation and Recommendation, including:**

**a. Committee recommendation with written explanation**

**and minority report(s) if required.**

**b. Numerical vote.**

**c. Names and signatures of the committee members and chair 9. \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ 10. Copy of most recent evaluations: Letters of the Supervisor, the Department/**

**Office Committee, Dean, Provost/VP, President (if applicable), student evaluations,**

**and peer observations 10. \_\_\_\_\_\_\_**

**\_\_\_\_\_\_ 11. Copy of all previous evaluation letters of the Department/Office Committee, the Senate**

**Committee, Dean, Provost, and the President plus additional pertinent documentation 11. \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ 12. Supplemental Folder (optional) 12. \_\_\_\_\_\_\_\_**

**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.