

FORM A-2

ACADEMIC SUPPORT PROFESSIONALS

ANNUAL EVALUATION

7/30/2020

Name _____

Department/Unit _____

Date Submitted _____

Check all appropriate items:

- Annual Evaluation
- Retention Evaluation
- Eligible for PBI Consideration

INSTRUCTIONS: Attach this sheet as a cover page for the evaluation submitted.

1. Each academic support professional submits this evaluation form to the Unit Supervisor or Department Chairperson, providing appropriate supporting materials for annual evaluation as an attachment.
2. Attach an assessment of performance in a format compatible with the officially approved job description, approved work plan, and materials and methods of evaluation statement.
3. Academic support professionals may attach any additional supporting materials they wish to have considered. Materials should be selected to document performance of duties specified in the employee's official job description, approved work plan, and the approved statement of materials and methods of evaluation. Please staple supporting materials involving 20 or fewer pages to this form; please enclose supporting material of more than 20 pages in a loose leaf, three-ring binder clearly marked with your name and department on the spine of the binder and attached to this form.
4. In the case of an annual evaluation only, the employee's supervisor or department chairperson will return the evaluation materials to the Academic Support Professional. In the case of an evaluation including a retention recommendation, the evaluation materials should be sent forward via the dean or intermediate supervisor (if any) to the appropriate University Vice President. After the retention evaluation process is completed, the academic support professional will be notified that the annual evaluation materials are available.

NOTE: Annual evaluations resulting in a high quality rating or a superior rating will result in a merit increase. Annual evaluations resulting in a superior rating will be credited towards a performance-based increase.

FORM B-2

SUPERVISOR/DEPARTMENT CHAIR
ACADEMIC SUPPORT PROFESSIONAL
EVALUATION

Name_____

Department/Unit_____

Office of the VPAA (4/10/07)
Eastern Illinois University

Date of Initial EIU Appointment_____

Years of Service at EIU_____

Check all appropriate items:

Highest Degree & Hrs. Beyond_____

- Annual Evaluation
 Retention Recommendation

Form A-2 with evaluation materials attached
to be supplied to Supervisor or Department Chair.

Evaluation of performance of assigned duties (See 8, 9, and 10.4 of the Agreement for the nature of the evaluation and criteria):

Optional: Also document the following (Use additional page for evaluation.):

- Professional development, including but not limited to workshops, classes and professional organizations;
 Service and support, including but not restricted to activities contributing to the overall mission of the University;
 Initiative, including work toward improving the quality of programs and services.

Rating (check one):

- Superior - recommended for merit
 High quality - recommended for merit
 Not recommended for merit

Retention (if employee is eligible for retention)

- Employee recommended for Retention
 Employee not recommended for Retention

Date of Evaluation_____

Signature of Supervisor/Department Chair_____

SUPERVISORS AND DEPARTMENT CHAIRS

1. This form must be included in the employee's evaluation for retention.
2. Supply a copy of this evaluation to the academic support professional evaluated.
3. Supply copies of this evaluation to the appropriate director, chair, and/or dean. The original is to be placed in the academic support professional's personnel file.
4. In case of annual evaluation only, return the evaluation portfolio to the academic support professional. In the case of an evaluation including retention recommendation, the portfolio should be sent forward via the dean/director to the appropriate university vice president.

Please note that the evaluation will be placed in the personnel file.

FORM C-2

DEAN/DIRECTOR
ACADEMIC SUPPORT PROFESSIONAL
EVALUATION

Name_____

Department/Unit_____

Office of the VPAA (4/10/07)
Eastern Illinois University

Date of Initial EIU Appointment_____

Years of Service at EIU_____

Check all appropriate items:

Highest Degree & Hrs. Beyond_____

Annual Evaluation

Retention Recommendation

Form A-2 with evaluation materials attached
to be supplied to Supervisor or Department Chair.

Evaluation of performance of assigned duties (See 8, 9, and 10.4 of the Agreement for the nature of the evaluation and criteria):

Optional: Also document the following (Use additional page for evaluation.):

Professional development, including but not limited to workshops, classes and professional organizations;

Service and support, including but not restricted to activities contributing to the overall mission of the University;

Initiative, including work toward improving the quality of programs and services.

Rating (check one):

Superior - recommended for merit

High quality - recommended for merit

Not recommended for merit

Retention (if employee is eligible for retention)

Employee recommended for Retention

Employee not recommended for Retention

Date of Evaluation_____

Signature of Dean/Director _____

DEANS AND DIRECTORS

1. This form must be included in the employee's evaluation for retention.
2. Supply a copy of this evaluation to the academic support professional evaluated.
3. Supply copies of this evaluation to the appropriate vice president. The original is to be placed in the academic support professional's personnel file.
4. In case of annual evaluation only, return the evaluation portfolio to the academic support professional. In the case of an evaluation including retention recommendation, the portfolio should be sent forward via the dean/director to the appropriate university vice president.

Please note that the evaluation will be placed in the personnel file.

Form J-2
APPLICATION FOR ADMINISTRATIVE
EDUCATIONAL LEAVE

Name_____

Department_____

Office of VPAA (8/26/06)
Eastern Illinois University

Date of Initial EIU Appointment_____

TIME LEAVE REQUESTED
(1=first choice, 2=second choice)

- 1/2 Year
(proposed dates: _____)
 Full Year

Years of Service at EIU (to next May)_____

Previous Administrative Educational leave, if any
(indicate time of previous leave)_____

Attach 1-2 page specific description
of planned leave activities and
documentable outcomes.

Date of Application_____ Signature of Applicant_____

SUPERVISOR/CHAIRPERSON RECOMMENDATION

Leave Plan is:

- professionally unacceptable professionally acceptable
Reason: Recommend approval for:
 1/2 Year
(proposed dates: _____)
 Full Year

Recommend Replacement:

- Yes No

If Yes, statement of
justification for replacement
must be attached.

Date of Recommendation_____ Signature of Chairperson_____

DIRECTOR/DEAN RECOMMENDATION

Leave Plan is:

- professionally unacceptable professionally acceptable
Reason: Recommend approval for:
 1/2 Year
(proposed dates: _____)
 Full Year

Recommend Replacement:

- Yes No

Date of Recommendation_____ Signature of Dean_____

VPAA RECOMMENDATION

Leave Plan is:

- professionally acceptable Approved for:
 1/2 Year
(proposed dates: _____)
 professionally unacceptable Full Year

Replacement Required:

- Yes No

University Priority Ranking

Reason: Disapproved, reason: _____

Date of Recommendation_____ Signature of VPAA_____

ACTION BY PRESIDENT:

Please note that the application will be placed in the personnel file.

Form K-2

APPLICATION FOR RETRAINING LEAVE

Academic Support Professionals
Office of VPAA (8/26/06)
Eastern Illinois University

Name _____

Department _____

Date of Initial EIU Appointment _____

Years of Service at EIU (to next June) _____

TIME LEAVE REQUESTED

(1=first choice, 2=second choice, 3=third choice)

[] 1/2 Year
(proposed dates: _____)

[] Full Year
[] Other (describe) _____

_____ Attach 1-3 page specific description
of planned retraining leave purpose,
methods, and timetable.

Date of Application _____ Signature of Applicant _____

SUPERVISOR/CHAIRPERSON RECOMMENDATION

Reaction to Proposal: Recommend approval for:

[] 1/2 Year
(proposed dates: _____)
[] Full Year
[] Other (describe) _____
[] Not recommended

Recommend Replacement:

[] Yes [] No
if Yes, Supervisor/Chair
must attach statement of
justification for replacement.

Date of Recommendation _____ Signature of Chairperson _____

DIRECTOR/DEAN RECOMMENDATION

Reaction to Proposal: Recommend approval for:

[] 1/2 Year
(proposed dates: _____)
[] Full Year
[] Other (describe) _____
[] Not recommended

Recommend Replacement:

[] Yes [] No

Date of Recommendation _____ Signature of Dean _____

VPAA RECOMMENDATION

Reaction to Proposal: [] Approved for:

[] 1/2 Year
(proposed dates: _____)
[] Full Year
[] Other (describe) _____
[] Disapproved, reason:

Replacement Required:

[] Yes [] No
University Priority Ranking

Date of Recommendation _____ Signature of VPAA _____

ACTION BY PRESIDENT:

Please note that the application will be placed in the personnel file.

APPLICATION FOR (LWOS) LEAVE
WITHOUT SALARY

Office of VPAA (8/26/06)
Eastern Illinois University

Name _____

Department _____

Date of Initial EIU Appointment _____

TIME LEAVE REQUESTED

(1=first choice, 2=second choice)

1/2 Year
(proposed dates: _____)

Full Year
 Other (describe) _____

_____ Attach 1-2 page specific description
_____ of planned leave activities and accomplishments

Years of Service at EIU (to next June) _____

Purpose: Personal Research Advanced Study Professional Development Public Service

Date of Application _____ Signature of Applicant _____

SUPERVISOR/CHAIRPERSON RECOMMENDATION

Recommend disapproval Reason (if leave plan is unacceptable) _____
 1/2 Year (proposed dates: _____)
 Full Year
 Other (describe) _____

Recommend approval for: _____
Recommend Replacement:
 Yes No
if Yes, Supervisor/Chair
must attach statement of
justification for replacement.

Date of Recommendation _____ Signature of Chairperson _____

DIRECTOR/DEAN RECOMMENDATION

Recommend disapproval Reason (if leave plan is unacceptable) _____
 1/2 Year (proposed dates: _____)
 Full Year
 Other (describe) _____

Recommend approval for: _____
Recommend Replacement:
 Yes No

Date of Recommendation _____ Signature of Dean _____

VPAA RECOMMENDATION

Recommend disapproval Reason (if leave plan is unacceptable) _____
 1/2 Year (proposed dates: _____)
 Full Year
 Other (describe) _____

Replacement Approved:
 Yes No

Date of Recommendation _____ Signature of VPAA _____

ACTION BY PRESIDENT:

Eligible for state insurance: Yes No (Circle one)

Please note that the application will be placed in the personnel file.

(Required only if employee does not qualify for a PBI based on four consecutive "superiors" and employee is submitting a comprehensive PBI evaluation Portfolio.)

PERFORMANCE BASED INCREASE APPLICATION

SUPERVISOR EVALUATION of:

Office of VPAA (8/26/06)

Eastern Illinois University

Use back of form to extend comments as necessary or provide attachment.

Name _____

Department_____

Retention year:_____

Last PBI awarded in_____

Merit recommendations_____

received (indicate by years)_____

Performance of Duties

Materials submitted document appropriate activities in two or more of the following:

1. professional development:
2. service and support:
3. initiative:

Employee is / is not recommended for PBI.

*Reasons for negative recommendations must be explicitly stated in the evaluation.

A copy of this form is to
be supplied to the ASP.

Date of Evaluation/Recommendation_____

Signature of Supervisor_____

Please note that the application will be placed in the personnel file.

Form R

(Required only if employee does not qualify for a PBI based on four consecutive "superiors" and employee is submitting a comprehensive PBI evaluation Portfolio.)

PERFORMANCE BASED INCREASE APPLICATION

DEAN/DIRECTOR EVALUATION of:

Office of VPAA (8/26/06)

Eastern Illinois University

Use back of form to extend comments as necessary or provide attachment.

Name _____

Department _____

Retention year: _____

Last PBI awarded in _____

Merit recommendations _____

received (indicate by years) _____

Performance of Duties

Materials submitted document appropriate activities in two or more of the following:

1. professional development:

2. service and support:

3. initiative:

Employee is / is not recommended for PBI.

*Reasons for negative recommendations must be explicitly stated in the evaluation.

A copy of this form is to
be supplied to the ASP.

Date of Evaluation/Recommendation _____

Signature of Dean/Director _____

Please note that the application will be placed in the personnel file.

Form Q

PBI COMMITTEE CHAIR EVALUATION of:

Name _____

Office of VPAA (9/14/07)

Department _____

Eastern Illinois University

Retention year: _____

Use back of form to extend comments
as necessary or provide attachment.

Last PBI awarded in _____

Merit recommendations
received (indicate by years)

Evaluation of performance of assigned duties (See 8, 9, and 10.4 of the Agreement for the nature of the evaluation and criteria):

Optional: Also document the following (Use additional page for evaluation.):

- Professional development, including but not limited to workshops, classes and professional organizations;
- Service and support, including but not restricted to activities contributing to the overall mission of the University;
- Initiative, including work toward improving the quality of programs and services.

Rating (check one):

- Superior - recommended for merit, consideration for PBI
- High quality - recommended for merit
- Not recommended for merit

Employee is / is not recommended for PBI.

*Reasons for negative recommendations must be explicitly stated in the evaluation.

A copy of this form is to be
supplied to the ASP.

Date of Evaluation/Recommendation _____

Signature of PBI Committee Chair _____

Please note that the evaluation will be placed in the personnel file.