Form A

TENURED/TENURE TRACK FACULTY EVALUATION PORTFOLIO

Name_____

Department _____

Date of Initial EIU Appointment_____

Current Rank _____Date of Rank_____

Years of Service at EIU_____

Degree_____

Check all appropriate items:

__Retention

__1st probationary year __1st retention year

__2nd probationary year __2nd retention year

__3rd probationary year__3rd retention year

__4th probationary year __4th retention year

__5th probationary year __5th retention year

__Promotion

__ degree requirement met

__ years of service requirement met

__Tenure

Basis __regular

__degree requirement met

__years of service requirement met

__exceptionality to degree requirement

Basis of exceptionality: __Teaching__Research__Service

__Professional Advancement Increase

__Annual Evaluation for Tenured Faculty not Applying for Promotion or Professional Advancement Increase

INSTRUCTIONS: Attach this sheet as a cover page to materials submitted.

1. This form is completed by the VPAA office for each probationary and tenured faculty member applying for retention, promotion or Professional Advancement Increase. The faculty member submits his/her portfolio to the department chairperson, providing appropriate supporting material in an evaluation portfolio. The normal period covered by the attached evaluation portfolio is the period since submission of the previous evaluation portfolio, with the following exceptions: (a) for first year retention, the evaluation period is since the date of initial employment; (b) for second year retention, the evaluation period is for the entire period of employment to date of submission; and (c) for promotion and tenure. Include a current vita. Note that a faculty member's performance during the entire period of EIU employment is to be considered in making a tenure recommendation. The faculty member's performance since the last promotion (or date of initial EIU employment if there has been no promotion) is to be considered in making promotion recommendations.

2. For information regarding portfolio preparation, please review the September 7, 2006, memo from the Provost regarding guidelines for faculty evaluation portfolios.

3. Faculty required to have a terminal degree for tenure and who have not yet completed that degree, should provide a statement and appropriate evidence of making satisfactory progress toward completion of the required terminal degree.

4. After the faculty evaluation process and any resultant personnel action is completed, the faculty member should pick up his/her portfolio at Office of the Vice President for Academic.

(8/25/06)

Form E
DPC EVALUATION of: Name _____

Office of VPAA (8/25/06)
Eastern Illinois University
Use back of form to extend comments as necessary or provide attachment.

Department _____

Evaluation for
__ Retention
__ Promotion
__ Tenure
__ Professional Advancement Increase

Check applicable recommendation

Evaluation of performance as compared with Evaluation Criteria for:

1. teaching/performance of primary duties:

2. research/creative activity:

3. service:

RECOMMENDATIONS

Retention Recommendation	Promotion Recommendation	P.A.I. Recommendation	Tenure Recommendation
__Positive	__Positive	__Positive	__Positive
__Negative*	__Negative*	__Negative*	__Negative*
__Not applicable	__Not applicable	__Not applicable	__Not applicable

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

A copy of this form is to be supplied to the faculty member.

Date of Evaluation/Recommendation_____

Signature of DPC Chair _____

Please note that the completed evaluation will be placed in the employee's personnel file.

Form F
CHAIRPERSON EVALUATION of: Name _____

Office of VPAA (8/25/06)
Eastern Illinois University
Use back of form to extend comments as necessary or provide attachment.

Department _____

Evaluation for ___ Retention ___ Promotion ___ Tenure ___ Professional Advancement Increase

Check applicable recommendation

Evaluation of performance as compared with Evaluation Criteria for:

1. teaching/performance of primary duties:

2. research/creative activity:

3. service:

RECOMMENDATIONS

Retention Recommendation	Promotion Recommendation	P.A.I. Recommendation	Tenure Recommendation
__Positive	__Positive	__Positive	__Positive
__Negative*	__Negative*	__Negative*	__Negative*
__Not applicable	__Not applicable	__Not applicable	__Not applicable

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

A copy of this form is to be supplied to the faculty member.

Date of Evaluation/Recommendation_____

Signature of Chairperson_____

Please note that the completed evaluation will be placed in the employee's personnel file.

Form G
DEAN EVALUATION of: Name _____

Office of VPAA (8/25/06) Department _____

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

Evaluation for ___ Retention ___ Promotion ___ Tenure ___ Professional Advancement Increase

Check applicable recommendation

Evaluation of performance as compared with Evaluation Criteria for:

1. teaching/performance of primary duties:

2. research/creative activity:

3. service:

RECOMMENDATIONS

Retention Recommendation	Promotion Recommendation	P.A.I. Recommendation	Tenure Recommendation
__Positive	__Positive	__Positive	__Positive
__Negative*	__Negative*	__Negative*	__Negative*
__Not applicable	__Not applicable	__Not applicable	__Not applicable

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

A copy of this form is to be supplied to the faculty member.

Date of Evaluation/Recommendation _____

Signature of Dean_____

Please note that the completed evaluation will be placed in the employee's personnel file.

Form H
UPC EVALUATION of: Name _____

Office of VPAA (8/25/06)

Department _____

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

Evaluation for
___ Retention
___ Promotion
___ Tenure
___ Professional Advancement Increase

Check applicable recommendation

Evaluation of performance as compared with Evaluation Criteria for:

1. teaching/performance of primary duties:

2. research/creative activity:

3. service:

RECOMMENDATIONS

Retention Recommendation	Promotion Recommendation	P.A.I. Recommendation	Tenure Recommendation
__Positive	__Positive	__Positive	__Positive
__Negative*	__Negative*	__Negative*	__Negative*
__Not applicable	__Not applicable	__Not applicable	__Not applicable

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

_____
A copy of this form is to be supplied to the faculty member.

Date of Evaluation/Recommendation_____

Signature of UPC Chair_____

Please note that the completed evaluation will be placed in the employee's personnel file.

Form I
ANNUAL FACULTY EVALUATION
FOR TENURED FACULTY NOT

Name _____

APPLYING FOR PROMOTION OR
PROFESSIONAL ADVANCEMENT INCREASE
Office of VPAA (8/25/06)

Department_____

Date Submitted_____

Eastern Illinois University

_____
Form A with evaluation portfolio
attached to be supplied to Chairperson

Evaluation of performance (see 8.4.c. of Agreement for nature of evaluation):

1. teaching/performance of primary duties:

2. research/creative activity:

3. service:

Date of Evaluation/Recommendation_____

Signature of Chairperson_____

Chairpersons:
1. Supply a copy of this form to the faculty member evaluated and to the Dean.
2. Forward the original evaluation to the VPAA for the faculty member's personnel file.
3. Return evaluation portfolio to the faculty member (do not send to VPAA).

Please note that the completed evaluation will be placed in the employee's personnel file.

Form J

Name_____ Date of last sabbatical_____
Department_____ Year of initial employment_____
Date _____ Date of LWOS_____
I prefer a sabbatical assignment for: ____Fall ____Spring ____Year
(100% salary) (50% salary)
Please number in order of preference

PROPOSAL
for
APPROVED ACADEMIC SABBATICAL ASSIGNMENT

I. General Purpose of the Academic Sabbatical Assignment
(please check the most appropriate)

___Research/Creative Activity ___ Updating of Professional Knowledge

___Acquiring New Professional Knowledge ___ Enhancement of Teaching Performance

Please attach 1-2 paragraph responses for each of the following headings. The questions provided are intended *solely* to clarify the information desired for that heading; not all questions will be appropriate for all proposed sabbatical activities.

II. Specific Purpose (What specific activity or project will be undertaken? What is the expected outcome of the sabbatical assignment?)

III. Background Statement (Why is the proposed activity or project of interest to you and to others? What rationale or justification is there for pursuing the proposed activity or project?)

IV. Outline of Activity/Project (What stages, activities, or procedures need to be accomplished to achieve the desired outcome? What is the timeline for completing the proposed activity or project?)

V. Anticipated Benefits (How will your students, the University, and/or the scholarly or professional community benefit from the proposed activity or project? How will the results or accomplishments of the sabbatical assignment be disseminated? How does the proposed activity or project contribute to the mission of the University?)

RECOMMENDED: REPLACEMENT PLAN:

YES NO (circle one)

If yes, indicate term approved_____

_____ _____
Chair Dean

_____ _____
date date

(10/1/90)

Please note that the completed application will be placed in the employee's personnel file.

Form K

APPLICATION FOR RETRAINING LEAVE
Tenured/Tenured Track Faculty

Office of VPAA (10/1/90)
Eastern Illinois University

Name_____

Department_____

Date of Initial EIU Appointment_____

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

_Fall Semester
_Spring Semester
_Academic Year
_Other (describe)

Tenure: _Yes _No Date of Tenure:_____

I desire that time spent on leave:
_count _not count toward probationary period.

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

*Date of Application*_____ *Signature of Applicant*_____

CHAIRPERSON RECOMMENDATION

Reaction to Proposal:	_Recommend approval for:	Recommend Replacement:
_____	_Fall Semester	_Yes _No
_____	_Spring Semester	*If Yes, Chair must attach*
_____	_Academic Year	*statement of justification for*
_____	_Other (describe)_____	*replacement.*

*Date of Recommendation*_____ *Signature of Chairperson*_____

DEAN RECOMMENDATION

Reaction to Proposal:	_Recommend approval for:	Recommend Replacement:
_____	_Fall Semester	_Yes _No
_____	_Spring Semester	
_____	_Academic Year	
_____	_Other (describe)	

*Date of Recommendation*_____ *Signature of Dean*_____

VPAA RECOMMENDATION

Reaction to Proposal:	_Approved for:	Replacement Required:
_____	_Fall Semester	_Yes _No
_____	_Spring Semester	
_____	_Academic Year	
_____	_Other (describe)_____	Recommended time spent
_____		on leave:
		_count _not count
		toward probationary period

_Disapproved, reason:

*Date of Recommendation*_____ *Signature of VPAA*_____

ACTION BY PRESIDENT: Approve: ___yes ___no

Please note that the completed application will be placed in the employee's personnel file.

Form L

APPLICATION FOR LWOS (Leave Without Salary)
Tenured/Tenured Track Faculty

Office of VPAA (10/17/95)
Eastern Illinois University

Name_____

Department_____

Date of Initial EIU Appointment_____

TIME LEAVE REQUESTED
(1=first choice, 2=second choice)
Fall Semester, 19
Spring Semester, 19
_Academic Year, 19
_Other (describe)
_____ Attach 1-2 page specific description of planned
_____ leave activities and accomplishments.

Tenure: _Yes _No Date of Tenure:_____

I desire that time spent on leave
_count _not count toward probationary period.

Purpose: __Personal __Research __Advanced Study __Professional Development __Public Service

*Date of Application*_____ *Signature of Applicant*_____

CHAIRPERSON RECOMMENDATION

_Recommend disapproval _Recommend approval for:
Reason (if leave plan unacceptable): _Fall Semester
_____ _Spring Semester
_____ _Academic Year
_____ _Other (describe)_____

Recommend Replacement:
_Yes _No
If Yes, Chair must attach statement of justification for replacement.

*Date of Recommendation*_____ *Signature of Chairperson*_____-

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DEAN RECOMMENDATION

_Recommend disapproval _Recommend approval for:
Reason (if leave plan unacceptable): _Fall Semester
_____ _Spring Semester
_____ _Academic Year
_____ _Other (describe)

Recommend Replacement:
_Yes _No

*Date of Recommendation*_____ *Signature of Dean*_____--

VPAA RECOMMENDATION

_Recommend disapproval _Recommend approval for:
Reason (if leave plan unacceptable): _Fall Semester
_____ _Spring Semester
_____ _Academic Year
_____ _Other (describe)

Replacement Approved:
_Yes _No

_____ LWOS time to _count _not count toward probationary period.
LWOS time to _count _not count toward promotion period.

*Date of Recommendation*_____ *Signature of VPAA*_____

ACTION BY PRESIDENT: Approve LWOS:___ yes ___no

Eligible for state insurance: Yes No (circle one)

Please note that the completed application will be placed in the employee's personnel file.