

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

2nd probationary year

3rd probationary year

4th probationary year

5th probationary year

1st retention year

2nd retention year

3rd retention year

4th retention 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 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.

(8/18/20)

Form E

DPC EVALUATION of:

Name _____

Office of VPAA (8/18/20)

Department _____

Eastern Illinois University

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

Evaluation for Retention Check applicable
 Promotion recommendation
 Tenure
 Professional Advancement Increase

Evaluation of performance as compared with Evaluation Criteria for:

1. teaching/performance of primary duties:

2. research/creative activity:

3. service:

RECOMMENDATIONS

<u>Retention Recommendation</u>	<u>Promotion Recommendation</u>	<u>P.A.I. Recommendation</u>	<u>Tenure Recommendation</u>
---------------------------------	---------------------------------	------------------------------	------------------------------

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 (8/18/20)

Eastern Illinois University

Department _____

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

Evaluation for	<input type="checkbox"/> Retention	Check applicable recommendation
	<input type="checkbox"/> Promotion	
	<input type="checkbox"/> Tenure	
	<input type="checkbox"/> Professional Advancement Increase	

Evaluation of performance as compared with Evaluation Criteria for:

1. teaching/performance of primary duties:

2. research/creative activity:

3. service:

RECOMMENDATIONS

<u>Retention Recommendation</u>	<u>Promotion Recommendation</u>	<u>P.A.I. Recommendation</u>	<u>Tenure Recommendation</u>
---------------------------------	---------------------------------	------------------------------	------------------------------

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 (8/18/20)

Department _____

Eastern Illinois University

Use back of form to extend comments

as necessary or provide attachment.

Evaluation for Retention Check applicable
 Promotion recommendation
 Tenure
 Professional Advancement Increase

Evaluation of performance as compared with Evaluation Criteria for:

1. teaching/performance of primary duties:

2. research/creative activity:

3. service:

RECOMMENDATIONS

<u>Retention Recommendation</u>	<u>Promotion Recommendation</u>	<u>P.A.I. Recommendation</u>	<u>Tenure Recommendation</u>
---------------------------------	---------------------------------	------------------------------	------------------------------

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:

Office of VPAA (8/18/20)
Eastern Illinois University

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

Name _____

Department _____

Evaluation for

- Retention Check applicable
- Promotion recommendation
- Tenure
- Professional Advancement Increase

Evaluation of performance as compared with Evaluation Criteria for:

1. teaching/performance of primary duties:
2. research/creative activity:
3. service:

RECOMMENDATIONS

<u>Retention Recommendation</u>	<u>Promotion Recommendation</u>	<u>P.A.I. Recommendation</u>	<u>Tenure Recommendation</u>
<input type="checkbox"/> Positive	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive
<input type="checkbox"/> Negative*	<input type="checkbox"/> Negative*	<input type="checkbox"/> Negative*	<input type="checkbox"/> Negative*
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> 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
APPLYING FOR PROMOTION OR
PROFESSIONAL ADVANCEMENT INCREASE
Office of VPAA (8/18/20)
Eastern Illinois University

Name_____

Department_____

Date Submitted_____

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

If yes, indicate term approved_____

Chair

date

Dean

date

(8/18/20)

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 (8/18/20)
Eastern Illinois University

Name _____
Department _____
Date of Initial EIU Appointment _____
Tenure: Yes No Date of Tenure: _____

TIME LEAVE REQUESTED
(1=first choice, 2=second choice)
 Fall Semester
 Spring Semester
 Academic Year
 Other (describe)

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:
_____ 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 _____

DEAN RECOMMENDATION

Reaction to Proposal: Recommend approval for:
_____ Fall Semester
_____ Spring Semester
_____ Academic Year
_____ Other (describe) _____

Recommend Replacement:
 Yes No

Date of Recommendation _____ Signature of Dean _____

VPAA RECOMMENDATION

Reaction to Proposal: Approved for:
_____ Fall Semester
_____ Spring Semester
_____ Academic Year
_____ Other (describe) _____

Replacement Required:
 Yes No

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 (8/18/20)

Eastern Illinois University

TIME LEAVE REQUESTED

(1=first choice, 2=second choice)

- Fall Semester, 20_____
- Spring Semester, 20_____
- Academic Year, 20_____
- Other (describe)_____

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

Name_____

Department_____

Date of Initial EIU Appointment_____

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_____

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

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