

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

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ACADEMIC SENATE

FACULTY AFFAIRS COMMITTEE

REPORT TO

THE ACADEMIC SENATE

FA-002-089

Review of Appendix 27, 27A, and 27B

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Faculty Affairs Committee

Date:

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Executive Committee  
Received and Forwarded

Date:

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Academic Senate

Date: 1/21/09

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First Reading

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2/11/09

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Second Reading

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**Referral**

Review of Appendix 27, 27A, and 27B

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**Background**

Review Appendix 27, 27A, and 27B to ensure that they are in compliance with the current Unit 3 Collective Bargaining Agreement.

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**Resources**

Gary Hamilton, FA committee Members

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**Discussion**

During AY 07-08 the senate approved and the President accepted changes to Appendix 16 of the university manual that streamlined the RTP process resulting in elimination of the reconsideration steps at the department and the dean review levels. In the same academic year additional changes to appendix 16 was approved and the response time of the applicants to any recommendation at any level of review process was increased to 10 calendar year in compliance with the Collective Bargaining Agreement. The division of Faculty Affairs in consultation with the senate executive committee has made changes to appendix 27 for AY08-09 to indicate that applicants may no longer ask for reconsideration from DRTP and the Dean decision, and the response time to recommendations is ten calendar days. The purpose of this referral is to formalize the necessary changes to Appendix 27 through senate ratification and president acceptance of the changes to appendix 27.

The committee has also reviewed Appendix 27A and Appendix 27B of the university manual for compliance with the collective bargaining, appendix 16, and appendix 10 of the university manual. Appendix 27A assumes that the DRTP committee also has the responsibility for periodic evaluation of faculty performance. Periodic evaluation of faculty performance is not an RTP action and may be carried by a different peer evaluation committee. Changes to Appendix 27A are needed to indicate that performance review and periodic review are two distinct evaluation processes. No change to Appendix 27B seems to be needed.

**Recommendation**

Amend pages 2, 9, and 16 of Appendix 27 as follows.  
Amend Appendix 27 A as follows.

# FACULTY PERFORMANCE REVIEW TRACKING SHEET

	Date	Initials
<b><u>Department RTP Committee</u></b>		
Package received by DRTPC Chair	_____	_____
DRTPC notified Candidate of recommendation	_____	_____
-----	_____	_____
▼ Candidate appealed to CRTPC	_____	_____
<b><u>College RTP Committee</u></b>		
Package received by CRTPC Chair	_____	_____
Meeting held with Candidate, CRTPC, and DRTPC	_____	_____
CRTPC notified Candidate of evaluation of appeal (copy to DRTPC)	_____	_____
If appeal upheld, package returned to DRTPC Chair	_____	_____
DRTPC responded to appeal (copy to CRTPC Chair)	_____	_____
<b><u>Dean/Director</u></b>		
Package received by Dean/Director	_____	_____
Dean/Director notified Candidate of recommendation (copies to DRTPC and CRTPC)	_____	_____
-----	_____	_____
▼ Candidate appealed Dean's/Director's recommendation to URTPC	_____	_____
<b><u>University RTP Committee</u></b>		
Package received by Faculty Affairs for URTPC	_____	_____
Appeal hearing held with Candidate, URTPC, Dean, CRTPC Chair, and DRTPC Chair	_____	_____
URTPC notified Candidate of evaluation of appeal (copies to Dean, CRTPC, and DRTPC)	_____	_____
If appeal upheld, package returned to Dean/Director	_____	_____
Dean/Director responded to appeal (copies to URTPC, CRTPC, and DRTPC)	_____	_____
URTPC notified Candidate of recommendation	_____	_____
<b><u>Provost and Vice President for Academic Affairs</u></b>		
Package received in Provost's Office	_____	_____

Deleted: Candidate requested reconsideration

Deleted: DRTPC notified Candidate of result of reconsideration

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Deleted: Dean notified Candidate of result of reconsideration (copies to DRTPC and CRTPC)

**CANDIDATE'S ACKNOWLEDGMENT OF THE DRTP COMMITTEE'S  
EVALUATION AND RECOMMENDATION**

**STATEMENT:**

"I have seen each page of the DRTP Committee's evaluation and recommendation, as well as all dissenting comments included by DRTPC members, if any, and *(check one of the following and sign)*...

\_\_\_\_\_ acknowledge them."  
—

\_\_\_\_\_ respond to them without appeal." (Include the response on the following pages numbered 9.a, 9.b, 9.c, ...)  
—

\_\_\_\_\_ acknowledge with appeal."  
—

**SIGNATURE OF  
CANDIDATE:**

**DATE:**

Deleted: request a reconsideration by the DRTPC (which I understand must be granted). I will submit a formal request in writing, along with additional information I feel is important within seven (7) working days following receipt of the DRTPC's recommendation." ¶

¶  
[Candidate's request for reconsideration should be inserted as pages 9.1.a, 9.1.b, ...]¶

¶  
[Response from DRTPC to reconsideration request should be inserted as pages 9.2.a, 9.2.b, ...]

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**APPEAL:**

The candidate will sign below only after the DRTPC recommendation was considered and the candidate wishes to proceed with an appeal.

\_\_\_\_\_ "I appeal the DRTPC's recommendation to the CRTPC. I understand that (1) a formal written appeal must be filed with the CRTPC before 5:00 p.m. on the tenth calendar day following receipt of the DRTPC's recommendation and, that (2) the only valid grounds for appeal are (a) misapplication of approved criteria and/or (b) violation of procedure by the DRTPC."

[Candidate's appeal to the CRTPC should be numbered as pages 9.3.a, 9.3.b, 9.3.c, ... and delivered to the Office of Faculty Affairs.]

[Response from CRTPC on the appeal appears on page 13.]

**SIGNATURE OF  
CANDIDATE:**

**DATE:**

**CANDIDATE'S ACKNOWLEDGMENT OF THE DEAN'S/DIRECTOR'S EVALUATION AND RECOMMENDATION**

**STATEMENT:**

"I have seen each page of the Dean's/Director's evaluation and recommendation and (check one of the following and sign)...

\_\_\_\_\_ acknowledge them."

\_\_\_\_\_ respond to them without appeal." (Include the response on the following pages numbered 16.a, 16.b, 16.c, ...)

\_\_\_\_\_ acknowledge with appeal."

SIGNATURE OF CANDIDATE: \_\_\_\_\_ DATE: \_\_\_\_\_

Deleted: request a reconsideration by the Dean/Director (which I understand must be granted). I will submit a formal request in writing, along with additional information I feel is important within seven (7) working days following receipt of the Dean/Director's recommendation." ¶ [Candidate's request for reconsideration should be inserted as pages 16.1.a, 16.1.b, 16.1.c, ...]¶ [Response from Dean/Director to reconsideration request should be inserted as pages 16.2.a, 16.2.b, ...]

**APPEAL:**

The candidate will sign below only after the Dean's/Director's recommendation was considered and the candidate wishes to proceed with an appeal.

\_\_\_\_\_ "I appeal the Dean/Director's recommendation. I understand that (1) a formal written appeal must be filed with the URTPC before 5:00 p.m. on the tenth calendar day following receipt of the Dean/Director's recommendation, that (2) the only valid grounds for appeal are (a) misapplication of approved criteria and/or (b) violation of procedure by the Dean/Director."

[Candidate's appeal to the URTPC should be numbered as pages 16.3.a, 16.3.b, 16.3.c, ... and delivered to the Office of Faculty Affairs.]

[Response from URTPC on the appeal appears on page 17.]

SIGNATURE OF \_\_\_\_\_ DATE: \_\_\_\_\_

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Deleted: a request for reconsideration must precede an appeal, and that (3)

FACULTY MEMBER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CANDIDATE:** \_\_\_\_\_

**FACULTY MEMBER'S  
SIGNATURE:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

**PERIODIC EVALUATION  
OF PROBATIONARY AND TENURED FACULTY**

**Directions to Faculty Member:** Please complete pages 3 through 6, appending additional pages as appropriate. The process for Periodic Evaluation of Probationary and Tenured Faculty seeks to provide a fair evaluation of your performance during the evaluation period. Please be aware that nothing may be added to this package at any stage without your being given the opportunity to acknowledge and respond to any such information.

**Faculty Member:** \_\_\_\_\_

**Department:** \_\_\_\_\_

Please mark your academic rank:

Assistant Professor: \_\_\_\_\_ Associate \_\_\_\_\_ Professor: \_\_\_\_\_

Academic Qualifications: (Please list in reverse chronological order of receipt)

Degree, Certificate or License Granted	Institution	Discipline	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deleted: Academic Year of RTP  
Criteria Used for this Evaluation:

Period Covered by this  
Evaluation: \_\_\_\_\_

(i.e., period since most recent formal evaluation--- RTP or post-tenure)

**FACULTY MEMBER'S  
SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REPORT OF TEACHING AND RELATED DUTIES,  
PROFESSIONAL ACTIVITIES AND SERVICE TO THE  
UNIVERSITY AND COMMUNITY**

In sections 1 through 5, *please include information for the period covered by this evaluation only.*

1. **Course Assignments** \_\_\_\_\_ **Academic Year(s)**

2. **Assigned Related Duties:**

Please list assignments and duties not directly connected with teaching; eg., committee assignments, student activity involvement, and university service contributions. Please do not list such items as office hours, class preparation, or grading papers and examinations.

**FACULTY MEMBER'S  
SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

3. **Professional Activities:**

Please list, for example, offices held in professional organizations, conferences attended, papers you presented, consulting activities, research efforts, editorial activities for professional journals, scholarly work in progress, achievements, recognitions, awards and honors. Include any activities which contributed to your professional growth.

4. **Service to the Community:**

Please list only those activities related to your professional career.

5. **Other Noteworthy Activities:**

**FACULTY MEMBER'S  
SIGNATURE:**

\_\_\_\_\_

**DATE:**

Revised June 2008  
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**FACULTY MEMBER'S  
SIGNATURE:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_  
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## **SELF-EVALUATION OF PERFORMANCE**

Please address each of the items identified in your department's approved criteria, being as specific as possible. Indicate how you have met or exceeded each criterion. Attach additional pages (suggested limit 5 pages), numbering each in order 6a, 6b, etc. Rather than attaching copies of pertinent documents, you may append an index of these items with the understanding that you will make them available to evaluators upon request. Do include copies of computer printouts of results of student evaluations of teaching and originals of peer evaluation reports. These documents are in addition to the suggested 5-page limit.

**FACULTY MEMBER'S  
SIGNATURE:**

\_\_\_\_\_

**DATE:**

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Current Academic Rank \_\_\_\_\_

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**DEPARTMENT PERIODIC REVIEW COMMITTEE RECOMMENDATION**

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Deleted: **POST-TENURE REVIEW PROCESS**

**STATEMENT:**

"The members of the Department Periodic Review Committee, whose signatures and academic ranks appear below, have completed the evaluation process. The committee based the evaluation of the candidate's performance on the approved Department document/policy. Criteria for evaluation not included in this document/policy have not been utilized."

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Deleted: to

Deleted: RTP

PRINTED NAME/SIGNATURE

ACADEMIC RANK

DATE

(Periodic Review Committee Chair) \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Members of the Periodic Review Committee, who do not agree with the recommendation of the majority may submit their comments on additional pages following this one. These pages should be numbered consecutively 7a, 7b, 7c, etc.

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**FACULTY MEMBER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DEPARTMENT PERIODIC REVIEW COMMITTEE EVALUATION OF PERFORMANCE**

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This peer evaluation is to be specific, honest and clear in identifying the faculty member's strengths and weaknesses. Reference should be made to specific department criteria (by number, if possible). This evaluation must include interpretations of the faculty member's student evaluations (Please see Appendix 10 of the University Manual). Specific recommendations for improvement should be addressed. The acceptability of what the faculty member has proposed for personal professional growth activities in the next evaluation period are appropriate elements of the evaluation. It is expected that additional pages will be necessary; they should be numbered as 8a, 8b, 8c, etc. The faculty member will acknowledge receipt of this evaluation by signing each page.

**FACULTY MEMBER'S  
SIGNATURE:**

**DATE:**

\_\_\_\_\_

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**ACKNOWLEDGMENT OF DEPARTMENT PERIODIC REVIEW COMMITTEE'S  
EVALUATION**

**STATEMENT:**

"I have seen each page of the Review Committee's evaluation and

\_\_\_\_\_ acknowledge it."

\_\_\_\_\_ respond to it (including the response on the following  
pages \_\_\_\_\_ through \_\_\_\_\_ )."

**FACULTY MEMBER'S  
SIGNATURE:**

\_\_\_\_\_

**DATE:**

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I have read and received a copy of this evaluation and understand that it will be placed in my Personnel Action File. I understand that I have ten (10) calendar days from the date below to submit a response or rebuttal statement to the Department Review Committee.

**FACULTY MEMBER'S  
SIGNATURE:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_  
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**DEAN'S/DIRECTOR'S EVALUATION**  
**OF PERFORMANCE**

**DEAN'S** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FACULTY MEMBER'S** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_

**FACULTY MEMBER'S  
SIGNATURE:**

\_\_\_\_\_

**DATE:**

Revised June 2008  
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**ACKNOWLEDGEMENT OF THE DEAN'S/DIRECTOR'S EVALUATION**

**STATEMENT:**

"I have seen each page of the Dean's/Director's evaluation and

\_\_\_\_\_ acknowledge it."

\_\_\_\_\_ respond to it (including the response on the following pages \_\_\_\_\_ through \_\_\_\_\_)."

I have read and received a copy of this evaluation and understand that it will be placed in my Personnel Action File. I understand that I have ten (10) calendar days from the date below to submit a response or rebuttal statement to the Dean/Director.

**FACULTY MEMBER'S  
SIGNATURE:**

\_\_\_\_\_

**DATE:**

Revised June 2008  
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