

# Eastern Florida State College

## Tenure Application

**Name (printed):** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Date Hired as F-T Faculty (Month, Year):** \_\_\_\_\_

Degrees Awarded and Dates

To apply for tenure, please do the following:

1. By October 1<sup>st</sup> of the fall term of the year of tenure consideration, obtain both Human Resources and Supervising Administrator signatures on this application.
2. By October 15<sup>th</sup> of the fall term of the year of tenure consideration, submit a copy of a signed application for tenure to the announced chair of the Campus Tenure Committee.
3. By January 10<sup>th</sup> of the Spring Term of the year of tenure consideration, submit your tenure portfolio to the Campus Tenure Committee chair.

The timeline for consideration is:

4. By February 1st, Campus Tenure Committees must have met and forwarded written recommendations to the TPDC chair.
5. By April 1st, the TPDC must have met and forwarded recommendations for all applications that have been favorably recommended by both the TPDC and Campus Tenure Committees to the College President or Designee.
6. By the end of the Spring term, candidates for Tenure will be notified of approval or non- approval by the Administration.

Instructions: Per Article 11 of the CBA, four criteria must be met to apply for tenure:

1. Satisfactory service performed in a full-time faculty position for four (4) to six (6) academic years except where outlined in Article 11.1.A.1.
2. Satisfactory completion of a tenure application and portfolio as outlined in the TPDC Handbook, which shall include, at a minimum (consult the current TPDC Handbook for complete information), the following:
  - Documented evidence of a satisfactory rating for the last three (3) years as indicated by the Supervising Administrator's signature in Section III of the Tenure Application.
  - Documented evidence of significant and ongoing contribution and/or participation in Professional Development activities.
  - Documented evidence of contributions to the College and the candidate's profession.
  - Successful completion of the New Faculty Mentoring Program as documented on the candidate's College training record.
3. Favorable recommendation by a faculty Campus Tenure Committee. Any candidate with more than one vote for denial of tenure shall be considered not recommended for tenure by the Campus Tenure Committee.
4. Majority recommendation by the faculty TPDC.

I. FACULTY VERIFICATION

I certify that to the best of my knowledge the contents of this application and my portfolio are complete and accurate. I also give permission for the information in sections II and III to be released to the appropriate reviewing committees.

\_\_\_\_\_  
Tenure Candidate Signature

\_\_\_\_\_  
Date

II. HUMAN RESOURCES VERIFICATION:

I certify that the exact hire date for this faculty member is:

\_\_\_\_\_  
Human Resource Office Signature

\_\_\_\_\_  
Date

III. SUPERVISING ADMINISTRATOR STATEMENT:

I certify that the candidate has received a satisfactory rating for the last three (3) years.

\_\_\_\_\_  
Supervising Administrator Signature

\_\_\_\_\_  
Date

\_\_\_ I recommend this applicant based on the continuation of the position.

\_\_\_ I do not recommend this applicant based on the discontinuation of this position.

\_\_\_\_\_  
Provost Signature

\_\_\_\_\_  
Date

IV. CAMPUS-BASED TENURE COMMITTEE RECOMMENDATION

Members of the Committee: \_\_\_\_\_

Committee Chairperson: \_\_\_\_\_

\_\_\_ We recommend this applicant for tenure.

\_\_\_ We do not recommend this applicant for tenure.

Justification for non-approval:

\_\_\_\_\_  
Committee Chairperson Signature

\_\_\_\_\_  
Date

V. TENURE AND PROFESSIONAL DEVELOPMENT COUNCIL RECOMMENDATION

Members of the Council: \_\_\_\_\_

Council Chairperson: \_\_\_\_\_

\_\_\_ We recommend this applicant for tenure.

\_\_\_ We do not recommend this applicant for tenure.

Justification for non-approval:

\_\_\_\_\_  
Council Chairperson Signature

\_\_\_\_\_  
Date