

**APPENDIX
A1**

**United Faculty of Florida: Brevard Chapter
Membership Form**

UFF dues are 1% of bi-weekly salary

Please PRINT Complete Information

United Faculty of Florida Brevard Chapter

Last Name First Name MI

B# Department

Home Street Address

Campus and Office Location

City State Zip Code

Office Phone Home Phone

Email Address Personal Home

Cell Phone

Please enroll me immediately as a member of the United Faculty of Florida (FEA, NEA-AFT, AFL-CIO). I hereby authorize my employer to begin bi-weekly payroll deduction of United Faculty of Florida dues (1% of bi-weekly salary.) This deduction authorization shall continue until revoked by me at any time upon 30 days written notice to Brevard Community College's payroll office and to the United Faculty of Florida.

Signature (for payroll deduction authorization)

Today's Date

Please return this form to Membership Chair, UFF Brevard Chapter, Cocoa, Bldg 42-2 (UFF Office)

APPENDIX A2

UFF-PAC PAYROLL DEDUCTION AUTHORIZATION FORM

United Faculty of Florida - Political Action Committee

306 East Park Avenue

Tallahassee, FL 32301

850-224-8220

Please Print

University/College _____ Dept.: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

UFF-PAC Payroll Deduction

I authorize the College, to deduct from my pay, starting with the first full biweekly pay period commencing not earlier than seven full days from the date this authorization is received by the College, contributions to the UFF-Political Action Committee in the amount of \$1.00 per pay period, and I direct that the sum so deducted be paid over to the UFF.

The above deduction authorization shall continue until either revoked by me through written notice to my College personnel office or my transfer out of this bargaining unit.

Member's Signature

Date

APPENDIX B

UFF_BREVARD GRIEVANCE FORM

GRIEVANT

GRIEVANCE REPRESENTATIVE

Name: _____

Name: _____

Mailing
Address: _____

Mailing
Address: _____

Phone Number: _____

Phone Number: _____

Date of Occurrence:

Statement of Facts:

Citation of Articles Violated:

Remedy Sought:

Signature of
Grievant: _____

Date: _____

Received by: _____

Date: _____

APPENDIX C

United Faculty of Florida / Eastern Florida State College

NOTICE OF ARBITRATION

The United Faculty of Florida hereby gives notice of its intent to proceed to arbitration in connection with the decision of the College dated _____ and received by the UFF State Office on _____ in this grievance of:

NAME: _____

DATE OF FILING: _____

The following statement of issue(s) before the Arbitrator is proposed:

This notice was filed with _____ on _____ by
(check one):

- mail (certified or registered, restricted delivery, return receipt requested);
- personal delivery;
- other (specify) _____.

Date of receipt by EFSC: _____

Signature of UFF Service Unit Director / Executive Director / or designee

I hereby authorize UFF to proceed to arbitration with my grievance. I also authorize UFF and the College or its representatives to use, during the arbitration proceedings, copies of any materials in my evaluation file pertinent to this grievance and to furnish copies of the same to the arbitrator.

Signature of Grievant

This notice should be sent to:

Faculty Relations
Eastern Florida State College

APPENDIX D

EASTERN FLORIDA STATE COLLEGE FACULTY MINIMUM SALARY BY CATEGORY AND GUIDELINES

BASIC ACADEMIC YEAR CONTRACT (165 DAYS)

Years	< Bachelor's	Bachelor's	Master's	M+30	M+60	Doctoral
0-5	--	40,000	40,000	40,500	41,000	41,500
6-12*	40,000	40,500	40,500	41,000	41,500	42,000
13-16	40,500	--	--	--	--	--

*10 years maximum for masters and above

In a highly competitive teaching field and in special circumstances, the President may approve higher or lower starting salaries based on appropriate justification and recommendations pursuant to Article 14 of this agreement. UFF-Brevard will be notified when lower salaries are awarded. Nursing faculty shall start at \$45,000.

STIPENDS*

Title	Stipend	Release time
Department Chair	\$10,000	6 credit total release time
Department Chair	\$ 7,500	12 credit total release time
Program Manager (\$7,500	6 credit total release time
Program Coordinator	\$2,000-first year, \$2,500-second year, \$3,000-third and subsequent years	
College wide coordinators* Director of Instrumental Music Director of Choral Director of Theatre Arts CW Prep Coordinator Faculty Mentoring Coordinator CW SLS Coordinator	\$2,000-first year \$2,500-second year \$3,000-third and subsequent years	
Campus based coordinators SLS Coordinator Prep Reading Coordinator Prep Writing Coordinator Prep Math Coordinator	\$2,000-first year \$2,500-second year \$3,000-third and subsequent year	
Service Learning Coordinator	\$500	

***Faculty who function as both the college wide and campus based coordinator for their program will receive the campus based stipend + ½ of the college wide stipend.**

APPENDIX E

Eastern Florida State College

Optional Pay Form

Name_____

B#_____

Per section 13.9 of the 2012-2015 Collective Bargaining Agreement, I elect to have my annual salary paid to me in one of the following ways:

____equal payments beginning with the first pay of the contract year and ending with the pay period immediately following the end of the Spring Term. I understand that the annual cost of health, dental, vision, flex medical, elective retirement contributions, union dues as well as all other elective benefits will be deducted over 20 or 21 pays. I further understand that I will not receive a lump sum payout or a regular paycheck during the Summer Term. This form is valid for one contract year.

____payments consistent with the 26-27 pay schedule, beginning with the first pay of the contract year and ending with the pay period immediately following the end of the Spring Term, with a lump sum pay out for the remainder of the contract (equivalent 6 pays) to be paid following the end of the Spring Term Contract requirements. I understand that the annual cost of health, dental, vision, flex medical, elective retirement contributions, union dues as well as all other elective benefits will be deducted from my salary prorated across the regular pays and the lump sum payout. This form is valid for one contract year.

Signature_____

Date_____

Human Resources_____

Date_____

Payroll_____

Date_____



REQUEST FOR CHANGE IN LEAVE OF ABSENCE

COPY OF ORIGINAL LEAVE REQUEST MUST BE ATTACHED

SUBMIT ORIGINAL TO: Human Resources

RETAIN COPIES FOR: Requestor and Supervisor

Name: _____ Date of Change: _____

Department: _____ Ext. _____ Original Date of Leave: _____

B- Number: _____

PLEASE MARK (X) ONE OF THE FOLLOWING REGARDING THE **ORIGINAL** TYPE OF LEAVE:

Leave of Absent with Pay

Leave of Absence Without Pay

- Vacation
- Sick
- Personal
- Worker's Compensation
- Military

- Line of Duty
- Professional
- Jury Duty
(Jury Summons and Jury Attendance Certification must be attached)

- Professional
- Maternity
- Personal

TYPE OF CHANGE REQUESTED:

A. Type of leave from that noted above to _____

B. Change dates from _____ through _____

to _____ through _____

Total work days from _____ to _____

C. Cancel leave (reason) _____

D. Change in reimbursement from _____ to _____

REQUESTOR DATE

PROVOST DATE

SUPERVISOR DATE

VICE PRESIDENT / ASSOCIATE VICE PRESIDENT DATE

DEPARTMENT CHAIR/ DIRECTOR OR DEAN DATE

PRESIDENT DATE

EQUAL OPPORTUNITY EMPLOYER



REQUEST FOR LEAVE OF ABSENCE NO FUNDING REQUESTED

SUBMIT ORIGINAL TO: Human Resources

RETAIN COPIES FOR: Requestor and Supervisor

Name _____ Department _____

First Day Absent _____ 20 _____ Hour Starting _____ AM PM Campus _____ Ext. _____

Check one: S M T W R F S B-Number _____

Last Day Absent _____ 20 _____ Hour Ending _____ AM PM Total Hours Absent _____

Check one: S M T W R F S

Type of Leave (See Operational Procedures Manual)

Leave of Absence with Pay

Leave of Absence Without Pay

Vacation

Line of Duty*

Professional

Sick

Professional*

Maternity

Personal

Jury Duty

Personal

Worker's Compensation

(Jury Summons and Jury Attendance Certification must be attached)

Military *

Remarks * Destination (if applicable) and reason for leave: multiple occupancy for travel, etc.

OUT-OF-STATE TRAVEL REQUIRES APPROVAL OF THE PRESIDENT

For Faculty (List classes and/or other activities requiring paid substitutes)

Classes/Other	Period (s)	Day (s)	Date (s)	Name of Substitute

REQUESTOR DATE

PROVOST DATE

SUPERVISOR DATE

VICE PRESIDENT / ASSOCIATE VICE PRESIDENT DATE

DEPARTMENT CHAIR/ DIRECTOR OR DEAN DATE

PRESIDENT DATE

EQUAL OPPORTUNITY EMPLOYER

APPENDIX G

Peer Evaluation

Department Chair **Program Manager** **Program Coordinator**
 College wide Coordinator **Campus Coordinator** **Other; _____**

Your Coordinator/manager or department chair is _____

All coordinators/managers or department chairs will be evaluated by the members of their program(s) each year. The evaluations will be sent directly to the Provosts. Coordinators/managers and department chairs will receive copies of the evaluations. This form provides the opportunity to express your views. Your answers are important because they help improve the institutional effectiveness of Eastern Florida State College.

Although you will remain anonymous, the following information puts the evaluation in context. I

am a: _____ Full-time Faculty Member, _____ Part-time Faculty Member

Please indicate your agreement with the following statements using the following designations:

SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree, NA = Not Observable/Not Applicable

In the area of Communication and Human Relations, this individual:

	SA	A	D	SD	NA
1. Was accessible					
2. Worked to solve FT and adjunct related problems that I brought to his/her attention					
3. Treated me with respect					
4. Treated others in the program with respect					
5. Encouraged feedback from faculty members within the program					
6. Responded within requested timeframes to written or oral communication					
7. Welcomed free expression					
8. Collaborated with FT and PT faculty to generate class schedules that were best for students.					

In the area of Leadership, this individual:

	SA	A	D	SD	NA
1. Encouraged faculty involvement in problem solving					
2. Supported faculty members within the program in carrying out their duties and Responsibilities					
3. Provided strong leadership in the program.					
4. Was well-organized.					
5. Worked with faculty and staff in the program to identify supply and capital equipment needs.					
6. Hired well-qualified adjunct faculty.					

APPENDIX H Department Chair Evaluation Performance Review Form

Name _____ B# _____

Discipline/Institute _____ Campus _____

Supervising Administrator _____

Hire Date _____ Tenured ___Yes ___No Performance Review Date _____

I. Department Chair Self-Evaluation:

The faculty member is responsible for completing and submitting this section prior to the scheduled Department Chair performance review. All supporting documentation should also be submitted prior to this meeting.

- a. Maintained and searched for new articulation agreements/memoranda of understanding with outside resources to improve program
___Yes ___No ___N/A
- b. Called faculty meetings for textbook evaluation and adoption
 - A. Fall Term ___Yes ___No ___N/A
 - B. Spring Term ___Yes ___No ___N/A
- c. Met with adjunct faculty every semester to discuss issues and improve delivery of course content (may take place via email, conference call or face-to-face)
___Yes ___No ___N/A
- d. Coordinated teaching and class schedules
 - A. Fall Term ___Yes ___No ___N/A
 - B. Spring Term ___Yes ___No ___N/A
 - C. Summer Term ___Yes ___No ___N/A
- e. Maintained budget control and equipment allocation
 - A. Fall Term ___Yes ___No ___N/A
 - B. Spring Term ___Yes ___No ___N/A
 - C. Summer Term ___Yes ___No ___N/A
- f. Assisted the supervising Administrator in obtaining and training adjunct faculty
___Yes ___No ___N/A
- g. Maintained an active Advisory Committee which meets a minimum of twice a year
 - A. Fall Term ___Yes ___No ___N/A
 - B. Spring Term ___Yes ___No ___N/A
- h. Conducted and/or coordinated performance reviews of adjunct faculty
 - A. Fall Term ___Yes ___No ___N/A
 - B. Spring Term ___Yes ___No ___N/A
 - C. Summer Term ___Yes ___No ___N/A

- i. Performed yearly program/curriculum review (Health Sciences, Nursing, PSAV programs) and updated as necessary with state and national requirements
 Yes No N/A
- j. Submitted Annual Review Reports and scheduled site visits as needed for maintenance of programs (Health Sciences, Nursing, PSAV)
 Yes No N/A
- k. Evaluated student requests in accordance with job description
 Yes No N/A

By completing this section, the Department Chair affirms that he/she has met the primary and other responsibilities as contained in the faculty contract.

Faculty signature	Print name	Date
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II. The following section is to be completed by the Administrator prior to the evaluation meeting – The Department Chair :

- a. Was present for the extra work days required by the position.
 Yes No N/A
- b. Was fair and equitable in the treatment of all members of the department
 Yes No N/A
- c. Evaluated adjunct faculty in a professional and equitable manner
 Yes No N/A
- d. Was fair and equitable in the treatment of students
 Yes No N/A
- e. Submitted workable schedules, adjunct faculty pay forms and load documents in a timely manner
 Yes No N/A
- f. Submitted and worked within budgetary constraints set by administration
 Yes No N/A
- g. Reviewed and assessed all syllabi and course materials (including textbooks) prior to the beginning of the semester
 Yes No N/A
- h. Supported all adjunct and full-time faculty
 Yes No N/A

IV. Based upon this evaluation, I consider the Department Chair's overall performance to be:

- a. Satisfactory
- b. Satisfactory, but needs improvement (complete section below)
- c. Unsatisfactory (complete section below)

Comments: _____

V. Plan of Action: _____

Supervisor's Signature

Department Chair's Signature

Supervisor's Printed Name

Department Chair's Printed Name

Date

Date

APPENDIX H

Program Coordinator/Program Manager Evaluation Performance Review Form

Name _____ B# _____

Discipline/Institute _____ Campus _____

Supervising Administrator _____

Hire Date _____ Tenured Yes No Performance Review Date _____

I. Program Coordinator/Manager Self-Evaluation:

The faculty member is responsible for completing and submitting this section prior to the scheduled Program Coordinator performance review. All supporting documentation should also be submitted prior to this meeting.

- a. Acted as a liaison with other areas of the College, external agencies and pertinent professional organizations and their disciplines.
 Yes No N/A
- b. Called faculty meetings for textbook evaluation and adoption.
 - A. Fall Term Yes No N/A
 - B. Spring Term Yes No N/A
- c. Assisted the provost with budget development for program.
 - A. Fall Term Yes No N/A
 - B. Spring Term Yes No N/A
- d. Met with adjunct faculty every semester to discuss issues and improve delivery of course content (may take place via email, conference call or face-to-face).
 Yes No N/A
- e. Coordinated teaching and class schedules.
 - A. Fall Term Yes No N/A
 - B. Spring Term Yes No N/A
- f. Assisted the supervising Administrator in obtaining and training adjunct faculty.
 Yes No N/A
- g. Maintained an active Advisory Committee which meets a minimum of twice a year.
 - A. Fall Term Yes No N/A
 - B. Spring Term Yes No N/A
- h. Conducted and/or coordinated performance reviews of adjunct faculty.
 - A. Fall Term Yes No N/A
 - B. Spring Term Yes No N/A

- i. Performed yearly program/curriculum review and updates as necessary with state and national requirements.
___Yes ___No ___N/A
- j. Submitted Annual Review Reports and scheduled site visits as needed for maintenance of programs (Health Sciences, Nursing, PSAV).
___Yes ___No ___N/A
- k. Responded appropriately to student requests (such as course overrides, course overloads, Drop/Add, and academic appeals).
___Yes ___No ___N/A
- l. Participated in professional organizations (national, state, and/or local).
___Yes ___No ___N/A
- m. Adhered to accreditation standards within the discipline.
___Yes ___No ___N/A

By completing this section, I affirm that I have met the primary and other responsibilities as contained in the faculty contract.

Faculty signature

Print name

Date

II. The following section is to be completed by the Administrator prior to the evaluation meeting – The Program Coordinator/Manager:

- a. Was fair and equitable in the treatment of all members of the department.
___Yes ___No ___N/A
- b. Evaluated adjunct faculty in a professional and equitable manner.
___Yes ___No ___N/A
- c. Was fair and equitable in the treatment of students.
___Yes ___No ___N/A
- d. Reviewed and assessed all syllabi and course materials (including textbooks) prior to the second week of the semester.
___Yes ___No ___N/A
- e. Responded appropriately to faculty requests.
___Yes ___No ___N/A
- f. Assisted with adjunct faculty orientation as needed.
___Yes ___No ___N/A
- g. Maintained good communication with the administration and the faculty.
___Yes ___No ___N/A

h. Was knowledgeable about the professional and academic aspects of the program.

___Yes ___No ___N/A

i. Was knowledgeable about accreditation issues related to program.

___Yes ___No ___N/A

j. Represented and marketed program to potential students and external agencies.

___Yes ___No ___N/A

k. Participated in college-wide recruitment of faculty as needed.

___Yes ___No ___N/A

l. Participated in activities of clubs and organizations related to the program under his coordination.

___Yes ___No ___N/A

Comments: _____

III. Goals for the Upcoming Academic Year (to be filled out jointly by the Administrator and the Program Coordinator). _____

Comments: _____

IV. Based upon this evaluation, I consider the Program Coordinator's/Manager's overall performance to be:

a. ___ Satisfactory

b. ___ Satisfactory, but needs some improvement (complete section below)

c. ___ Unsatisfactory (complete section below)

Comments: _____

V. Plan of Action: _____

Comments: _____

Supervisor's Signature

Program Coordinator/Manager Signature

Supervisor's Printed Name

Program Coordinator/Manager Printed Name

Date

Date

APPENDIX I

College Wide or Campus Based Coordinator Evaluation Performance Review Form

Name _____ B# _____

Discipline/Institute _____ Campus _____

Supervising Administrator _____

Hire Date _____ Tenured Yes ___ No Performance Review Date _____

I. Coordinator Self-Evaluation:

The faculty member is responsible for completing and submitting this section prior to the scheduled Coordinator performance review. All minutes of meetings and supporting documentation should also be submitted prior to this meeting.

- a. Attended faculty meetings for textbook evaluation and adoption
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A

- b. Met with adjunct faculty every semester to discuss issues and improve delivery of course content (may take place via email, conference call or face-to-face)
 ___ Yes ___ No ___ N/A

- c. Attended campus academic leadership team meetings, as needed, in order to maintain contact with departments serving developmental students
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- d. Assisted the Provost with programmatic budget development
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- e. Assisted the Provost in obtaining and training adjunct faculty
 ___ Yes ___ No ___ N/A

- f. Assisted the Department Chair with performance reviews of adjunct faculty
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- g. Assisted the Department Chair with course scheduling
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- h. Performed yearly curriculum review and updates as necessary with state requirements
___Yes ___No ___N/A

By completing this section, the coordinator affirms that he/she has met the primary and other responsibilities as contained in the faculty contract.

Faculty signature

Print name

Date

**II. The following section is to be completed by the Administrator prior to the evaluation meeting –
The coordinator:**

- a. Was fair and equitable in the treatment of all members of the department.
___Yes ___No ___N/A
- b. Evaluated adjunct faculty in a professional and equitable manner.
___Yes ___No ___N/A
- c. Was fair and equitable in the treatment of students.
___Yes ___No ___N/A
- d. Submitted workable schedules in a timely manner.
___Yes ___No ___N/A
- e. Submitted and worked within budgetary constraints set by administration.
___Yes ___No ___N/A
- f. Reviewed and assessed all syllabi and course materials (including textbooks) prior to the beginning of the semester
___Yes ___No ___N/A
- g. Encouraged adjunct and full-time faculty.
___Yes ___No ___N/A
- h. Assists with adjunct faculty orientation.
___Yes ___No ___N/A
- i. Maintains good communication with the administration and the faculty.
___Yes ___No ___N/A
- j. Is knowledgeable about the professional and academic aspects of the program(s).
___Yes ___No ___N/A
- k. Is knowledgeable about accreditation issues related to assigned programs.
___Yes ___No ___N/A
- l. Represents and markets programs to potential students, corporate clients, etc.
___Yes ___No ___N/A
- m. Participates in college-wide recruitment and activities of clubs and organizations related to the departments under his supervision.
___Yes ___No ___N/A

Comments: _____

Goals for the Upcoming Academic Year (to be filled out jointly by the Administrator and the Coordinator): _____

Comments: _____

- III. Based upon this evaluation, I consider the Developmental Education Program Coordinator's overall performance to be:**
- a. _____ Satisfactory
 - b. _____ Satisfactory but needs improvement (complete section below)
 - c. _____ Unsatisfactory (complete section below)

Comments: _____

IV. Plan of Action: _____

Supervisor's Signature

Program Coordinator Signature

Supervisor's Printed Name

Program Coordinator Printed Name

Date

Date

APPENDIX J

Academic Discipline Peer Award (ADPA)

General Information:

The Academic Discipline Peer Awards are designed to recognize excellence in Eastern Florida State College's full time faculty members in the designated Discipline Clusters. Ten (10) percent of the eligible full time faculty members for each of these Discipline Clusters will be recognized. The number of awards in each cluster will be limited by the ADPA budget approved by the Board of Trustees. The awards are based on performance from the previous calendar year. No faculty member may be awarded more than one ADPA every two years.

Each ADPA award will be in the amount of \$1,250, which will be added to the faculty member's base salary in the academic year following the year in which the award was approved. ADPA will be finalized as part of the budget and, if approved, applied to the faculty members' base salaries effective in August.

Eligibility Requirements:

All full time faculty members who have fulfilled the instructional duties and assignments for the previous full calendar year and have been rated "satisfactory" on their most recent Faculty Evaluation (see Article 9) are eligible to apply for ADPA except as indicated above.

Discipline Cluster applications are available from the Assigned Administrator's office (see below). Applications will also be made available electronically.

Criteria for the awards, determined by each Discipline Cluster, must be made available for review by faculty members college-wide a minimum of thirty (30) days prior to the application deadline.

Selection Committee:

ADPA will be recommended by a committee within each Discipline Cluster below. All full time faculty members, regardless of instructional site assignment, will be included in one of the designated discipline clusters.. A provost or vice president will be assigned to coordinate the activities of the selection committee. The Assigned Administrator will serve as the non-voting chair of the Discipline Cluster ADPA Committee and be responsible for organizing the committee and communicating the committee's recommendations to the President, in accordance to the award timeline in article 14.7.

Each committee will consist of five (5) full time faculty members, selected by the faculty within each cluster. One representative from each discipline cluster will be chosen from each campus whenever possible. Each committee may recommend for ADPA up to ten

(10) percent of the total number of eligible full time faculty members with the cluster. The number of actual awards will be rounded up to the next whole number.

Procedure for Applying:

The ADPA is for performance during the previous calendar year, and the Discipline Cluster application will reflect this timeframe. A faculty member may initiate his/her own Discipline Cluster ADPA application, or it may be initiated by a colleague, his/her Campus Provost or any other college administrator. It is the responsibility of the person sending in the application to supply information he/she deems appropriate for the nominee. The nominee may review the application packet prior to submission, if said application was not initiated by the nominee.

All application materials must be submitted directly to the Assigned Administrator as indicated above. The Assigned Administrator is responsible for disseminating the submitted materials to the Discipline Cluster's ADPA selection committee. The ADPA committee recommendations of selected candidates shall be submitted to the President's office by the deadline established above. The application materials will be returned to the faculty member at the conclusion of the process.

Noncompliance with the application process may result in disqualification of the ADPA Application.

Guidelines/Criteria:

Due to its often unique nature, each Discipline Cluster ADPA Committee has autonomy in the development of criteria guidelines used to determine ADPA recommendation, though it is suggested that the entire Discipline Cluster also have a voice in its development. Once established, the criteria must be made available for review by faculty members college-wide a minimum of thirty (30) days prior to the application deadline. Though criteria may be refined from year to year by a Discipline Cluster Committee, consistency should be maintained as often as possible.

Discipline Cluster award criteria in each instructional area should include emphasis on evidence within one's instructional teaching mission. The Committee may consider any of the following areas of performance as possible justification for ADPA recommendation:

- a. Outstanding teaching/instructional performance
- b. Outstanding contributions to a discipline
- c. Outstanding contributions to the college, division, or department
- d. Outstanding contributions to the community, as related to the College's mission
- e. Other accomplishments deemed appropriate by the Discipline Cluster ADPA Committee

Any activity that goes beyond the faculty member's normal scope of responsibility, or that is within the normal scope of responsibility but is performed at an outstanding level, is an activity that is potentially meritorious. The decision as to whether or not such an activity actually is meritorious is a subjective one that is made individually by each of the five (5) voting committee members, who must consider whether it can be tied to the College's mission.

It is recommended that each Discipline Cluster ADPA Committee, when establishing and/or revising guidelines/criteria, limit an application packet to ten (10) pages of narrative, including documents providing evidence of excellence.

Failure to be recommended and/or selected for ADPA is NOT subject to the grievance process.

APPENDIX K

Instructional Faculty Evaluation Performance Review Form

Name _____ B# _____

Discipline/Institute _____ Campus _____

Supervising Provost _____

Pre-Evaluation Conference Date _____ Class Observation Date _____

Hire Date _____ Tenured ___ Yes ___ No Performance Review Date _____

I. Faculty Self-Evaluation:

The faculty member is responsible for completing and submitting this section prior to the faculty member's scheduled performance review.

- a. Attended all scheduled classes except when on approved leave.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A
- b. Attended required scheduled in-service activities except when on approved leave.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
- c. Maintained required office hours.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A
- d. Participated in developing, revising and implementing a course or program as needed.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A
- e. Served on textbook committees when needed.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
- f. Attended all cluster meetings unless on approved leave or fulfilling a previously scheduled college or academic-related commitment.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
- g. Attended all required scheduled college-wide, campus-wide and area meetings unless on approved leave.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A
- h. Developed a syllabus that clearly defined the grading policy which enabled the student to determine how the course grade would be calculated.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

f. Other contributions: _____

III. The following section is to be completed by the Provost prior to the post-observation meeting:

- a. The faculty member posted and maintained ten (10) office hours per week.
___ Yes ___ No ___ N/A
- b. The faculty member accommodated students with disabilities when provided with notice by the student.
___ Yes ___ No ___ N/A
- c. The faculty member developed and distributed a syllabus [per Article 8.4 of the CBA].
___ Yes ___ No ___ N/A
- d. The syllabus meets contractual requirements (see Article 8.4.D).
___ Yes ___ No ___ N/A
- e. The faculty member submitted class attendance and course grades by published due dates.
___ Yes ___ No ___ N/A
- f. The faculty member maintained required credentials for teaching his subject matter.
___ Yes ___ No ___ N/A
- g. The faculty member attended all discipline and curriculum cluster meetings that did not interfere with his teaching schedules or approved leave times.
___ Yes ___ No ___ N/A
- h. The faculty member participated in campus-wide and college-wide committees when appointed and attended all meetings that did not interfere with his teaching schedules or approved leave times.
___ Yes ___ No ___ N/A
- i. The faculty member attended all in-service days that did not interfere with approved leave times.
___ Yes ___ No ___ N/A
- j. The faculty member participated in community groups and professional organizations if required by contract.
___ Yes ___ No ___ N/A
- k. The faculty member participated in revision and implementation of courses or programs as needed.
___ Yes ___ No ___ N/A

Comments: _____

IV. List the Goals from the Previous Evaluation and to what degree each was achieved.

V. Goals for the Upcoming Academic Year (to be filled out jointly by the Provost and the faculty member): _____

VI. Formal Classroom Observation (to be conducted by the supervising Provost or designee) – The faculty member:

- a. Communicated enthusiastically about the subject matter.
___ Yes ___ No ___ N/A
- b. Communicated clearly.
___ Yes ___ No ___ N/A
- c. Presented course content effectively.
___ Yes ___ No ___ N/A
- d. Demonstrated knowledge of the subject.
___ Yes ___ No ___ N/A
- e. Related the assignments and course activities to course outcomes.
___ Yes ___ No ___ N/A
- f. Was well prepared and organized.
___ Yes ___ No ___ N/A
- g. Encouraged student participation.
___ Yes ___ No ___ N/A
- h. Treated students with respect.
___ Yes ___ No ___ N/A

Comments: _____

VII. Based upon this evaluation, I consider the faculty member's overall performance to be:

- a. ___ Outstanding
- b. ___ Satisfactory
- c. ___ Acceptable, but some improvement needed (complete section below)
- d. ___ Unsatisfactory (complete section below)

Comments: _____

VIII. Plan of Action:

a. Time-frame set for determining improvement. _____

b. Possible outcomes and recommendations if no improvement is seen within the allotted time period. _____

Supervisor's Signature

Faculty Signature

Supervisor's Printed Name

Faculty Printed Name

Date

Date

APPENDIX L

Librarian Evaluation Performance Review Form

Name _____ B# _____

Supervising Provost _____ Campus _____

Pre-Evaluation Conference Date _____ Class Observation Date _____

Hire Date _____ Tenure ___ Yes ___ No Performance Review Date _____

I. Library faculty member Self-Evaluation:

The faculty member is responsible for completing and submitting this section prior to the scheduled Librarian performance review.

a. Maintained required work hours scheduled by the library faculty and the supervising Provost.

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

C. Summer Term ___ Yes ___ No ___ N/A

b. Attended required scheduled in-service activities except when on approved leave.

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

c. Participated in collection development and maintenance.

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

C. Summer Term ___ Yes ___ No ___ N/A

d. Attended all cluster meetings unless on approved leave or fulfilling a previously scheduled college or academic-related commitment.

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

e. Attended all required scheduled district-wide, campus-wide and area meetings unless on approved leave.

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

C. Summer Term ___ Yes ___ No ___ N/A

f. Provided library services to students in a professional manner.

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

C. Summer Term ___ Yes ___ No ___ N/A

g. Endeavored to provide accommodation for disabled students as recommended by the Office for Students with Disabilities (OSD).

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

C. Summer Term ___ Yes ___ No ___ N/A

h. Attended graduation unless excused or on approved leave.

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

The following questions should be completed only if the library faculty is teaching a course or part of a course.

i. Distributed or posted the syllabus to students [per Article 8.4 of the CBA. ~~by the end of the second week of class and submitted a copy to the supervising administrator or Provost.~~

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

C. Summer Term ___ Yes ___ No ___ N/A

j. Attended all scheduled classes except when on approved leave.

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

C. Summer Term ___ Yes ___ No ___ N/A

k. Participated in developing, revising and implementing a course.

A. Fall Term ___ Yes ___ No ___ N/A

B. Spring Term ___ Yes ___ No ___ N/A

C. Summer Term ___ Yes ___ No ___ N/A

By completing this section, I affirm that I have met the primary and other responsibilities as contained in the faculty contract.

Faculty signature

Print name

Date

II. Library Faculty Development and Self-Assessment

The library faculty member is responsible for completing this section prior to the scheduled Librarian performance review or by April 1st, whichever comes first. This section may be completed either on paper or using the Faculty Portfolio via Banner. Dates, minutes of college meetings and proof of attendance/CEUs may be required.

a. Campus, college, cluster or other BCC-related committees: _____

b. Community or professional projects: _____

- c. Professional organizations, publications, or presentations of scholarly or professional work: _____

- d. Attendance at professional meetings, continuing education credits, graduate level courses: _____

- e. Instructional development such as enhanced teaching strategies, new course development, WIDS conversions, or curriculum revisions: _____

- f. Other contribution: _____

III. The following section is to be completed by the supervising Provost or designee prior to the post-observation meeting:

- a. The faculty member posted and maintained scheduled hours as required for maintenance of library coverage during posted hours within limitations specified by the contract and as approved by the supervising Provost or designee.
 ___ Yes ___ No ___ N/A
- b. The faculty member maintained required credentials for his subject matter.
 ___ Yes ___ No ___ N/A
- c. The faculty member attended all discipline and curriculum cluster meetings that did not interfere with his teaching schedules or approved leave times.
 ___ Yes ___ No ___ N/A
- d. The faculty member participated in campus-wide and college-wide committees when appointed and attended all meetings that did not interfere with his library coverage schedules or approved leave times.
 ___ Yes ___ No ___ N/A
- e. The faculty member attended all in-service days that did not interfere with approved leave times.
 ___ Yes ___ No ___ N/A
- f. The faculty member participated in revision of collections and implementation of new information technology materials.
 ___ Yes ___ No ___ N/A

Comments: _____

IV. List the Goals from the Previous Evaluation and to what degree each was achieved.

Comments: _____

V. Goals for the Upcoming Academic Year (to be filled out jointly by the Provost and the faculty member): _____

VI. Formal Observation (to be conducted by the supervising Provost or designee) – The library faculty member:

- a. Was enthusiastic during presentations to the students
 ___ Yes ___ No ___ N/A

- b. Accommodated students with disabilities when provided with notice by the student and the OSD
 ___ Yes ___ No ___ N/A

- c. Demonstrated knowledge of the library facilities
 ___ Yes ___ No ___ N/A

- d. Demonstrated knowledge of information science
 ___ Yes ___ No ___ N/A

- e. Demonstrated knowledge of the library technologies immediately available to students
 ___ Yes ___ No ___ N/A

- f. Used germane and clearly understood handouts, multimedia presentations or other materials
 Yes No N/A
- g. Answered students' questions clearly
 Yes No N/A
- h. Made the orientation or activity relevant to the students' needs
 Yes No N/A
- i. Communicated clearly
 Yes No N/A
- j. Was well prepared and organized
 Yes No N/A
- k. Treated students with respect
 Yes No N/A

Comments: _____

VII. Based upon this evaluation, I consider the library faculty member's overall performance to be:

- a. Outstanding
- b. Satisfactory
- c. Acceptable, but some improvement needed (complete section below)
- d. Unsatisfactory (complete section below)

Comments: _____

VIII. Plan of Action:

- a. Time-frame set for determining improvement. _____

- b. Possible outcomes and recommendations if no improvement is seen within the allotted time period.

Supervisor's Signature

Library Faculty Signature

Supervisor's Printed Name

Library Faculty Printed Name

Date

Date

APPENDIX M

Student Course Opinion Form

This questionnaire will provide you the opportunity to express how you believe your instructor has performed in some aspects of teaching. Completion of this form will NOT affect your grade. PLEASE DO NOT SIGN YOUR NAME.

Please mark one response for each of the following statements.

SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree, NA = Not Observable/Not Applicable

Competency and clarity:

SA A D SD NA

1. Instructor provided a syllabus that clearly presented grading policies and procedures.					
2. The instructor followed the stated syllabus.					
3. The instructor used class time well.					
4. Instructor presentations were well organized.					
5. The instructor explained the material in a clear manner.					
6. The instructor's use of examples helped to get points across in class.					
7. The instructor demonstrated a thorough knowledge of the subject.					
8. Instructor created an atmosphere in which students felt free to ask questions and participate in class discussions.					

Fairness and diligence:

SA A D SD NA

9. Instructor graded according to the syllabus.					
10. Course work (tests, assignments, portfolios, essays, laboratories, etc.) related to the goals of the course.					
11. The instructor's methods of evaluating me were fair.					
12. Graded assignments were returned in a timely manner.					
13. The instructor offers specific suggestions for improving my work.					

Life Skills:

SA A D SD NA

14. The course fostered intellectual curiosity.					
15. Knowledge gained in this course will benefit me in real life.					
16. I gained a strong understanding of concepts in this field.					

APPENDIX N

CONTINUING CONTRACT

Category 1: Commitment to the College
Membership on a college-wide, or campus committee
Membership on an advisory committee for the college
Successful completion of a workshop offered through the college
Successful delivery of a workshop
Development of a new program of study
Development of a new course offering
Revising a course plan
Converting a course to WIDS format
Completing a project for the department
Writing a grant proposal for program improvement or new equipment
Serving as a mentor for one year in the New Faculty Mentoring Program
Mentoring a College Success Skills student
Volunteer in the Learning Lab
Organizing a campus or college-wide conference
Developing/marketing new programs and services
Successful completion of a college course from a regionally accredited college/university
Converting a pre-existing course to Hybrid or Online format according to established guidelines
Faculty sponsorship of a student organization
Participating on an articulation committee
Other as approved by the Provost

Category 2: Commitment to Our Profession
Obtaining continuing education credits, meeting professional certification/licensure requirements
Attending a workshop, seminar, webinar or professional meeting to advance knowledge in the career field
Presenting a paper or being a panel member at a professional conference/meeting
Publication of a scholarly or research paper on a profession-related subject in a refereed journal or textbook
Presenting artwork at a juried art show or performing in a public recital (documented)
Writing critical review of a musical or theatrical performance, book review or other art work for publication in a newspaper, magazine or professional journal
Participating in a discipline-related professional organization
Completing a profession-related project
Organizing a profession-related conference
Successful completion of a college course from a regionally accredited college/university
Converting a preexisting course to Hybrid or Online format according to established guidelines
Teach an upper division course or graduate course at the University level

Participation in an articulation committee
Other as approved by the Provost

Category 3: Commitment to the Community
Organizing a college sponsored community event
Membership on an advisory committee for a non-profit organization
A minimum of 20 hours of community service/volunteer time with any non-profit, government organization or student related activity (must be documented)
Obtaining training and certification to assist with community needs
Participation in community education events
Other as approved by the Provost

APPENDIX 0

Change in Rank Application

Name (Printed): _____ Current Title: _____ Campus:

_____ Date hired as F/T faculty: _____

Degrees awarded and dates: _____

Date tenure awarded: _____

Select the Rank for which you are applying:

Assistant Professor

Associate Professor

Professor

Date current rank awarded: _____

Instructions: Per Section 11.4 of the Faculty Contract, *five criteria* must be met for rank change:

- (1) Minimum years of service and/or education qualifications
- (2) Satisfactory performance
- (3) Significant continuing contributions to the College, Discipline, and/or Community
- (4) Ongoing professional development
- (5) Peer recommendation

To apply for rank change, complete and submit this application, along with a portfolio of evidence to the Tenure and Professional Development Committee.

For criteria #1, submit this application to Human Resources for minimum qualifications verification. This application must be signed and dated by Human Resources on page 2.

For criteria #2, submit this application to your campus Provost for satisfactory performance verification. This application must be signed and dated by your campus Provost on page 3. Include copies of two signed and dated Performance Enhancement Conference Summary forms in your portfolio.

For criteria #3, submit evidence of significant continuing contributions to two or more of the following: the College, the Discipline, or the Community. Evidence may include but is not limited to: (a) listings of college-wide or discipline specific committee participation along with meeting minutes, (b) letters/certificates of recognition, presentation abstracts from conference programs, (c) full MLA or APA references of professional publications, (d) listing of professional memberships and activities, or (e) abstracts of grants submitted or awarded.

For criteria #4, submit certificates of completion, unofficial transcripts with explanation of what courses you took, agendas from conferences you attended, or a copy of your BCC training record limited to the time interval of this application.

For criteria #5, include two peer (may be inter-disciplinary) recommendations.

The scoring guide to be used by the Tenure and Professional Development Committee is provided on page 4. Do not include a copy with your application.

1. Highlight the box on this chart that applies to your educational level and experience which qualifies you for a change in rank.

INSTRUCTOR	ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR
All non-tenured, full-time faculty will hold the rank of Instructor.	Doctorate, upon award of tenure.	Doctorate with 5 years full-time faculty experience at BCC.	Doctorate with 8 years full-time faculty experience at BCC.
	Master's +60, award of tenure, and 4 years full-time faculty experience at BCC.	Master's +60 with 6 years full-time faculty experience at BCC.	Master's +60, with 9 years full-time faculty experience at BCC.
	Master's +30, or terminal degree, award of tenure, and 5 years full-time faculty experience at BCC.	Master's +30, or terminal degree, with 8 years full-time faculty experience at BCC.	Master's +30, or terminal degree, with 10 years full-time faculty experience at BCC.
	Master's degree, award of tenure, and 6 or more years full-time faculty experience at BCC.	Master's degree, with 9 years full-time faculty experience at BCC.	
	Bachelor's degree, award of tenure, and 8 or more years full-time faculty experience at BCC.		

- a. All degrees and hours must be from regionally accredited institutions or their equivalents.
- b. Up to ten years prior college-level or university-level faculty experience may be substituted for BCC faculty experience on a 2:1 ratio with every two-years prior experience substituting for one year BCC experience.

Submit to Human Resources for verification of minimum qualifications requirements for rank change you are requesting. Request this application be returned to you upon verification.

HUMAN RESOURCES VERIFICATION:

I certify that this faculty member meets the minimum qualifications, highlighted above, required for the rank change requested.

Human Resource Officer Signature: _____ Date: _____

- Evaluations – You must have earned a “Satisfactory” or better on at least two evaluations in the previous five years, with a “Satisfactory” or better on the most recent evaluation. Submit this application to your Provost for verification of satisfactory performance. Request this application be returned to you upon verification.

PROVOST VERIFICATION:

I certify that this faculty member has earned a “Satisfactory” or better on at least two evaluations in the previous five years with a “Satisfactory” or better on the most recent evaluation.

Provost Signature: _____ Date: _____

APPLICATION CHECKLIST:

Please verify that each of the following is included in this application and the associated portfolio before submitting:

- Signature from Human Resources
- Signature from campus Provost
- Copies of two signed and dated Performance Enhancement Conference Summary forms
- Evidence of significant continuing contributions to two or more of the following: the College, the Discipline, or the Community
- Evidence of professional development
- Two peer recommendations

FACULTY VERIFICATION:

I certify that to the best of my knowledge the contents of this application and portfolio are complete and accurate.

Faculty Signature: _____ Date: _____

APPENDIX P

NOTICE OF INTENT TO IMPOSE DISCIPLINARY SANCTION

This document shall serve as a written notice of proposed disciplinary action to be taken against: _____ and is being provided to the above named person pursuant to Article 17.2 of the BCC/UFF-Brevard Agreement 2012-2015.

The proposed disciplinary action to be taken is (check one of the following)

Oral/Written Reprimand

Reprimand

Suspension

Termination

This proposed disciplinary action is based on behavior that is considered to be in violation of *College Procedures and/or Policies*. Specifically, this is in reference to:

Pursuant to Article 17.2(B) (2), you have the right to respond to this notice of proposed discipline, in writing within 10 days of receipt herein before any disciplinary action can be taken. Furthermore, you have the right to union representation during any investigatory questioning that may reasonably be expected as a result of this proposed disciplinary action.

This action is subject to Article 16- Grievance and Arbitration of the EFSC/UFF-Brevard 2012-2015 Agreement.

Provost or Associate Provost

Date _____

Receipt of this memorandum and the contents herein is hereby acknowledged:

Faculty Signature

Date: _____

APPENDIX Q Tenure Timeline

1. By May 1 of the candidate's second year, the candidate must notify the supervising administrator of his/her intent to apply for tenure during the Fall Term of the third year or the Fall Term of the fourth year.
2. The candidate will be considered for tenure during the Spring Term of the third or fourth year of service to the College as determined by the candidate in his second year.
3. By October 1 of the Fall Term of the candidate's third or fourth year, the candidate must submit an application for tenure and an authorization for tenure committees to review limited access files to the announced chair of the campus tenure committee (See TPD Handbook).
4. By January 10, of the Spring Term of the year of tenure consideration, the candidate must submit the tenure portfolio to the campus tenure committee chair.
5. By January 20, the supervising Administrator will acknowledge that the position for which the applicant is requesting tenure is projected to continue.
6. By February 1, the Campus Tenure Committees must have met and made recommendations to the College-wide Tenure and Professional Development Council and copied to the supervising administrator. The chair of the campus committee will ensure delivery of the portfolio to the TPD.
7. By February 21, the College-wide Tenure and Professional Development Council must have met and made recommendations to the College President
8. All recommendations must be submitted to the Board in time for the March Board of Trustees meeting.

APPENDIX Q

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 May 1 of your second or third year, notify your Provost of your intent to apply for tenure during the Fall Term of the next academic year.
- (2) By October 1, submit this application, along with the review authorization form, to your supervisor.
- (3) By January 10 of the Spring Term of the year of tenure consideration, submit your tenure portfolio to your supervisor.

The timeline for consideration is:

- (1) By January 20, your supervisor will submit this application and your portfolio to the Campus Tenure Committee.
- (2) By February 1, the Campus Tenure Committee will have met and made a recommendation to the College-wide Tenure Committee and copied to your supervisor.
- (3) By February 21, the College-wide Tenure Committee will have met and made a recommendation to the College President.
- (4) In time for the March Board of Trustees meeting, your supervisor and the College President will have made their recommendations.
- (5) By April 1, candidates for Tenure will be notified of approval or non-approval by the Administration.

Instructions: Per Section 11.1 of the Faculty Contract, *four criteria* must be met for tenure:

- (1) Satisfactory service performed in a full-time faculty position for three or four academic years
- (2) Satisfactory completion of a tenure portfolio
- (3) Supermajority recommendation by a faculty Campus Tenure Committee
- (4) Majority recommendation by the faculty Tenure and Professional Development Committee

For criteria #1 and #2, include the following in your portfolio:

- Copies of three signed and dated Instructional Faculty Evaluation Performance Review Form
- Copies of student opinion surveys for each section taught in the first five semesters as part of your full-time load
- Evidence of significant and ongoing contribution and/or participation in professional

development activities. Evidence may include but is not limited to: (a) certificates of completion, (b) unofficial transcripts with explanation of what courses you took, (c) agendas from conferences you attended, or (d) a copy of your BCC training record limited to your time as a full-time faculty member.

- Evidence of contributions to your academic unit (program, department, or campus). Evidence may include but is not limited to: (a) listings of college-wide, discipline specific, or campus-based committee participation along with meeting minutes, (b) Letters/certificates of recognition, presentation abstracts from conference programs, (c) full MLA or APA references of professional publications, (d) listing of professional memberships and activities, or (e) abstracts of grants submitted or awarded.
- Evidence of participation in the New Faculty Mentoring Program. Evidence must include an attendance record of the New Faculty Orientation and the first year monthly meetings. Attendance must exceed 60% of scheduled meetings.

I. HUMAN RESOURCES VERIFICATION:

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

Human Resource Officer Signature: _____ Date: _____

II. PROVOST STATEMENT:

___ I recommend this applicant based on the continuation of the position.

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

Provost Signature: _____ Date: _____

III. 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 is:

Committee Chairperson Signature: _____ Date: _____

IV. TENURE AND PROFESSIONAL DEVELOPMENT 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 is:

Committee Chairperson Signature: _____ Date: _____

APPENDIX S

Department Chair Responsibilities List

Program Coordinator	Program Manager	Department Chair	Activity (Refer to Job Description for Complete List)
			Serves as a liaison between faculty and administration
			Serves as liaison with other areas of the college, external agencies and pertinent professional organizations in his disciplines as directed by the provost
			Works with the appropriate supervisor to identify needs for faculty development, and recommends programs to serve those needs
			Recommends adjunct faculty for employment; prepares and submits credentialing documents
			Coordinates class schedules, capital equipment, supply and facilities maintenance issues.
			Serves as mentor/supervisor for adjunct faculty in the academic area.
			Conducts and/or coordinates the performance reviews of adjunct faculty and makes recommendations related to future assignments.
			Assists full-time and adjunct faculty with textbook adoptions and classroom facilities
			Assists the appropriate supervisor with the appointment and training of adjunct faculty
			Collaborates with faculty to discuss or work through topics related to their curriculum or to specify courses within their curriculum.
			Receives faculty lists of potential substitute instructors
			Conducts reviews of course content for adjunct instructors
			Coordinates tasks which lead to implementation of department or program academic goals and objectives
			Evaluates student requests such as course override, course overload, course substitute, course waiver, waiver of course prerequisite, drop/adds, and academic appeals
			Participates as a member of the Campus Tenure Committee as requested
			Develops and maintains official departmental records
			Functions as financial manager for assigned areas
			Provides assistance in adhering to the standards and criteria established by regional and/or professional accrediting agencies, and assists with the facilitation of onsite visitations and reviews as appropriate
			Conducts departmental faculty meetings
			Maintains a 35-hour work week during the major semesters or as contractually assigned
			May work up to 5 additional days as needed and as arranged with Administration