

CONDENSED

Part I: ANNUAL FACULTY RECORD

(To be completed by the faculty member.)  
(revised 4/92)

Name

Rank/Title

Department/Program

Academic Year Covered in this Report \_\_\_\_\_ to \_\_\_\_\_

Reassigned time received (hrs.): \_\_\_\_\_ Fall \_\_\_\_\_ Spring

**Instructions to Faculty Member Completing this Faculty Record**

Professional activities noted here will serve two purposes: (A) the Faculty Record is a primary source of information for your chairperson's or program director's recommendation for your salary next year; and (B) the Faculty Record becomes part of your permanent record for matters of reappointment, tenure, and promotion.

Faculty records should list all relevant activities in three broad categories: (A) teaching, (B) scholarship, creative and professional activity, and (C) advising/service. It is your responsibility to ensure that all data are complete and accurate. The University Guidelines for Tenure and Promotion (*Faculty Handbook*) provide additional information on the treatment of each category along with additional examples of the types of activities faculty should list.

Because this document constitutes part of your permanent record it should be complete but should not be padded with miscellaneous or trivial items. Additional pages should be added only when absolutely necessary. It is not assumed that faculty will always be outstanding in all three major categories.

**Once the department chairperson or program director has completed his or her portion of the form, the written evaluation must be returned to you for discussion and an acknowledging signature prior to forwarding to the Academic Affairs Office.** The signature does not necessarily constitute your agreement with the evaluation. You and your chair/director should retain a copy. The original should be sent to the Vice Chancellor for Academic Affairs.

**NOTE:** Those who use a word processor to prepare this form should replicate the form in its exact sequence but the descriptive paragraphs following "Teaching," "Scholarship/Creative Activity," and "Advising/Service" in this form do not need to be reproduced on the computer-prepared Faculty Record.

**I. TEACHING**

(A) List courses taught in each semester, including information about the nature of each course (e.g. required of majors, service courses for other departments, electives, enrollments). (B) Outline curricular and/or pedagogical innovations, interdisciplinary teaching activities, development of student activity in special academic projects, efforts to help students individually, and undergraduate research projects. (C) List total number of reassigned hours granted each semester for development of teaching or related projects and briefly describe progress made on the project.

Number of different course preparations:

Fall \_\_\_\_\_ Spring \_\_\_\_\_ AY Total \_\_\_\_\_; New \_\_\_\_\_; Individual Cs. \_\_\_\_\_

**II. SCHOLARSHIP, CREATIVE AND PROFESSIONAL ACTIVITY**

(A) Outline publications, presentations, performances, books, compositions, exhibitions and grants or prizes received for research or creative activity. (B) Outline work or grants submitted but not accepted, and verifiable works in progress (chairs/directors please speak to these).

(C) Outline other professional development activities such as attendance at conferences, memberships and offices held in professional organizations, professional consultancies, contributions as editor, judge, or reviewer, special seminars or projects in which you participated, etc. (D) List total number of reassigned hours granted for research, scholarly or creative activities and briefly describe progress made on the project.

**III. ADVISING/SERVICE**

(A) Describe your involvement in University advising programs (START, transfer, departmental, minority, international, etc.). (B) Outline service to your department such as a special advising role, departmental committees or projects. (C) List university service including committees, task forces, or work with other departments. (D) Outline your involvement in co-curricula activities which enhance faculty-student relationships (e.g. student club advisor, intramural coach, orientation activities). (E) Identify activities in the community that directly relate to your professional training and expertise such as memberships or offices held on commissions, boards of directors, public lectures, workshops, and work with local media to disseminate information about UNCA. (F) List total number of reassigned hours for service or administrative activities and briefly describe progress made.

Number of Advisees \_\_\_\_\_.

**Part II: FACULTY PERFORMANCE APPRAISAL**

(to be completed by Chairperson or Program Director)

Name \_\_\_\_\_ Appraisal Period \_\_\_\_\_

**EVALUATION PROFILE**

	High	Low
Teaching		
Scholarship / Creative / Professional Activity		
Advising / Service		

**Note to Department Chairpersons and Program Directors:** Please provide a narrative evaluation to support whatever salary recommendation you make. Describe the faculty member's effectiveness as a teacher and indicate methods used to reach this conclusion (class visitations, departmental seminars, student course evaluations, exit interviews with graduates, etc.) and set these in context of departmental trends and norms, new course preparations, range of courses taught, etc. Please comment explicitly upon the person's effectiveness as an advisor. Briefly describe the faculty member's activity in scholarship, creative, and professional activity, and service with specific details. Evaluate reassigned-time projects, if any. Indicate any identified problems and your recommendations for improvement. (Use back of page or insert additional pages as desired.)

**SALARY RECOMMENDATIONS**

**MERIT**

\_\_\_\_\_ Maximum \_\_\_\_\_ High \_\_\_\_\_ Standard \_\_\_\_\_ Across-the-Board \_\_\_\_\_ No Increase  
\_\_\_\_\_ Exceptional (give rationale)

**Special Adjustment to Salary:**

\_\_\_\_\_ Promotion \_\_\_\_\_ Tenure \_\_\_\_\_ Base adjustment (Equity) \_\_\_\_\_ Other

Rationale (for last 2 only):

Request conference with VCAA \_\_\_\_\_

Signature: \_\_\_\_\_  
Chair or Program Director

**FACULTY NOTIFICATION**

I have read and discussed this document with my department chair or program director. My signature does not necessarily indicate approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(To be signed and returned to the chair/director before forwarding to the VCAA.)

**VCAA EVALUATION**

I concur/disagree with the Chair's/Director's recommendation \_\_\_\_\_

Salary rating awarded if different than Department Chair's/Program Director's recommendation:

\_\_\_\_\_ Exceptional \_\_\_\_\_ Maximum \_\_\_\_\_ High \_\_\_\_\_ Standard  
\_\_\_\_\_ Across-the-Board \_\_\_\_\_ No Increase

Rationale: