PERSONNEL ACTION — DEPARTMENT CHAIR

Part A: To be completed by the Department Chair

1. Name ____________________________________________________________

2. Title ____________________________________________________________

3. Department ______________________________________________________

4. Date of initial appointment to Chair: ________________________________

5. Number of years of applicable service as Chair:

6. Action requested: (Check all that apply and complete as required)

   □ New Appointment for ______ year(s)
   □ Reappointment for ______ year(s)
   □ Mid-term Evaluation

7. Effective date: ____________________________________________________

8. ___________________________ __________________________
   Signature of Chair            Date
INSTRUCTIONS FOR DEPARTMENT CHAIR REVIEW

A. Attach a statement discussing your role in the following areas. Additional descriptions of the chair’s responsibilities are attached.

  a) Department Management to include office administration, budget, communication within department and external to department and assessment.
  b) Faculty Affairs to include recruitment, orientation, and mentoring of new faculty; encouraging growth and performance of current faculty and staff.
  c) Student Affairs to include recruiting students, responding to concerns, advising and departmental awards and scholarships.
  d) Academic Affairs to include departmental degree programs and curricula, program assessment, academic standards enforcement, and schedule preparation.
Part B:
1. Action of the Personnel Committee of the Department or School. Attach additional pages if necessary.
Summarize the performance as: □ Satisfactory □ Unsatisfactory

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Signature of Personnel Committee Chair               Date

2. Recommendation of Dean.

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Signature of Dean               Date


______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Signature of Provost               Date

3. Decision of the President.

☐ I concur with the recommendation of the Provost.

☐ I do NOT concur with the recommendation of the Provost

______________________________________________________________
______________________________________________________________
______________________________________________________________

Signature of President               Date