ACADEMIC PROFESSIONAL ASSURANCE OF REVIEW

College/School/Home Org/Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May 30th, [YEAR]\_

**All Academic Professionals shall have annual performance reviews (evaluations). The performance review year will be the preceding 12 months with an effective date of July, 1. The following Academic Professional Annual Reviews as conveyed by AAUP CBA Article 17, Section 8 have been conducted with outcomes as recorded below.**

Please use **X** to indicate completion of a cell. If an employee receives a negative evaluation, a written performance improvement plan (PIP) will be offered by the supervisor. For all “unsatisfactory” reviews, please use the following in column five to indicate the step in the resolution process: **(1)** PIP agreed upon by the employee and supervisor, (**2**): PIP completed; and in column six please enter the corresponding date as to step 1 or 2 in the resolution process.

Note: Year 1 of the new 4-year count as stated in Article 17, Section 6 will start July 1 following the date of completion on the completed PIP.

**If additional space is needed, please attach an additional page(s).**

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| **Faculty Name** | **PSU ID Number** | **Satisfactory or Above** | **Unsatisfactory** | **Step in Resolution Process\*** | **Date PIP Sigend or Date PIP Completed** |
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**I confirm that all Academic Professionals have been reviewed as detailed above.**

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| *Provost, or other relevant Vice President, Vice Provost, or Dean Signature* | *Date* |