

Portland State University Faculty Senate Motion
3 January 2022

Revision of Promotion & Tenure Appraisal Signature Sheet and Recommendation Form for Tenure-Track Faculty

Motion presented by the Steering Committee

Appendix III, Part 2 of the PSU Promotion and Tenure Guidelines (appraisal signature sheet and recommendation form for tenure-track faculty review) is hereby revised according to the following text. (The current text is appended below.)

2. APPRAISAL SIGNATURE SHEET AND RECOMMENDATION FORM

Tenure Track Faculty Review:
Promotional and/or **Tenure**, or **Emeritus/a**

Name: _____
Last First Middle

PSU ID: _____ College or School/Dept or Prog: _____

Date of First Appointment at PSU: _____ Current Rank: _____

Date of Last Promotion: _____ and/or most recent Review: _____

_____ Date of Departmental P&T guidelines under which the faculty member has elected to be reviewed under, pursuant to the PSU-AAUP [2018 May 04 MOA Supplemental Letter of Offer Correction CORRECTED EXECUTED.](#)

FACULTY MEMBER STATUS: *please indicate below the candidate's **current** employment status with a check(s)below.*

_____ TTF- Tenure Track-Probationary/**Annual**

_____ TTF- **Tenured**

FACULTY MEMBER IS BEING REVIEWED FOR: *please indicate with a check(s)below.*

_____ Tenure

And/Or Promotion to:

_____ TTF Associate Professor

_____ TTF Professor

_____ TTF Emeritus

_____ TTF Emerita

For HR/OAA tracking purposes only: For Faculty being considered for Tenure Review, please indicate as appropriate Academic Year(s) of approved tenure clock adjustment(s).

_____ Number of TCA(s) on file (including AAUP MOU RE: COVID-19)

Using the Appraisal Signature Sheet on page 2, each voting member of the Departmental Committee and each reviewing Administrator is required to sign and indicate their vote or recommendation regarding the type(s) of review indicated above

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Note: Please use N/A when a faculty member is **not** being considered for **both** Promotion and Tenure Review.

If more space is needed for committee membership, please attach an additional page. Print Names Clearly Below:	SIGNATURES:	PROMOTION Positive or Negative "P" or "N" or "N/A"	TENURE Positive or Negative "P" or "N" or "N/A"	DATE:
Committee's Recommendation:				
COMMITTEE MEMBERS:				
COMMITTEE CHAIR:				
DEPARTMENT CHAIR:				
DEAN:				
PROVOST/VICE PROVOST:				
PRESIDENT:				

I have been apprised of the recommendations indicated above and have been given the opportunity to review my file before its submittal to the Dean's Office.

Faculty Signature: [Print name]

Date

2. APPRAISAL SIGNATURE SHEET AND RECOMMENDATION FORM

For implementation in the forthcoming Academic Year 20_____

Name _____
Last First Middle

College or School/Dept. _____

Date of First Appointment at PSU _____ Current Rank _____

Date of Last Promotion _____ Tenure Status _____
(Fixed Term or Annual or Tenured)

Total Tenure Related FTE _____
(complete for Annual appointments only)

FACULTY MEMBER IS BEING REVIEWED FOR: *please indicate with a check(s):*

PROMOTION TO _____ *(indicate rank)* AND/OR TENURE

Approval Date of University P&T Guidelines used: _____ Approval Date of Department P&T Guidelines used: _____

Each voting member of the Departmental Committee and each reviewing Administrator is required to sign and indicate their vote or recommendation.

(For tenure recommendations, please use P to indicate positive, D to indicate deferral and T to indicate termination. For promotion recommendations, please use P to indicate promotion or D to indicate deferral).

NOTE: When a faculty member is not being considered for **both** promotion **and** tenure, one of the **VOTE/REC** columns below should be left **blank**.

SIGNATURES	PROMOTION VOTE/REC	TENURE VOTE/REC	DATE
COMMITTEE RECOMMENDATION:			
COMMITTEE MEMBERS*:			
COMMITTEE CHAIR:			
DEPARTMENT CHAIR:			
DEAN:			
PROVOST/VICE PRESIDENT:			
PRESIDENT:			

*If more space is needed for committee membership, please attach an additional page.

I have been apprised of the recommendations indicated on this form and have been given the opportunity to review my file before its submittal to the Dean's Office.

Faculty Signature *Date*