Office of the Provost – MAY 2018

Directives for Personnel Actions

Reporting period Oct/Nov 2017–Nov. 2018 

**Personnel Action: General Directives**

**PLEASE DELETE THIS PAGE PRIOR TO SUBMISSION OF YOUR PAF TO THE PORTAL**

A draft of the entire application **must be reviewed with your Chairperson ON OR BEFORE Friday October 19, 2018** in order that revisions may be made **prior to submission to the Portal** and before the departmental/divisional review. This will guarantee that the PAF is appropriately prepared for the Departmental or Divisional review and prevent untoward delays, re-meeting, etc., before being submitted to the next level of review.

1. It is the SOLE RESPONSIBILITYof the applicant requesting this personnel action to follow the format specified in these instructions and be able to verify the integrity of all data presented.
2. **ALL** EVIDENCEand information relating to this action must be included at the time the PAF is transmitted to the Departmental or Divisional Personnel and Budget Committee through the Faculty Personnel Portal. No documents or information may be added at a **later stage** of the personnel action process that was not considered by the original reviewing committee. Therefore, if materials are found to be missing at any point in the review process, applications may be returned to the lower level committees for reconsideration. **In order to avoid such errors, a draft of the application must be reviewed with the Chairperson prior to submission to the Portal.**
3. All information requested for this form is to be completed according to the directions. Follow the prompts indicated in the keys next to the section. Use reverse chronological order where applicable.
4. All applicants must complete the Cover Page and the Table of Contents. **These pages must constitute the first two pages of your application**. Remove this page prior to submission to the Portal.
5. Two paper copies of “T”, the index of support materials, should be placed at the front of any boxes or folders containing written support material. If your support material is completely electronic this is not applicable.
6. After the Chairperson and applicant together determine the form is complete and that the support material is compiled properly, should the form be converted to PDF format. **Assistance will be available to faculty through PAF workshops and written instruction until the final submission date.**
7. Once in PDF format, the PAF may be loaded onto the Faculty Personnel Portal for FINAL SUBMISSION to the Chairperson. The Chairperson will be responsible to move the form through the portal to the first committee for review. **Assistance will be available to faculty and Chairpersons through workshops, individual training and written instructions all summer and until the final submission date.**
8. Once the PAF is loaded onto the Faculty Personnel Portal, the applicant must then submit three signed and dated paper copies to the Chairperson. Each copy should be signed and certified at the end of the PAF. One copy will remain filed with the Department; the other two copies will be forwarded to the next committee. THE THREE PAPER COPIES are to be submitted on size 81/2” x 11” paper. CHECK ALL COPIES. **Please staple each form once at the top left corner. Do not use binders or large clips.**
9. The respective Chairpersons of all personnel committees are not to send out any other instructions.

****

**PAGE 1: Personnel Action Form Cover Page**

**Faculty Member Name**:

**Department/Division:**

**College/School:**

**Date of initial FT tenure track appointment at St. John’s** :

**Date of appointment or promotion to present rank**:

**Do you have Tenure?** (Yes / No): If No, what is your mandatory tenure decision date? June:

 If Yes, date of tenure:

**CIRCLE or TYPE IN Nature of Action/s:** *Reappointment, Termination of probation, Tenure, Promotion to the rank of \_\_\_\_\_\_\_\_\_\_\_*

**OTHER THAN REAPPOINTMENT,** have you requested this personnel action within the last three years? (Yes / No):

 If Yes, Date:

**For Tenure and/or Promotion Only:** Do you intend to avail yourself of the option of personal appearance? (Yes / No):

**CHECKLIST : YOU MUST REVIEW THIS WITH YOUR CHAIRPERSON PRIOR TO FINAL PORTAL SUBMISSION**

* **Date of appointment, rank, last personnel action, promotion and tenure – are they correct?**
* **Nature of the action as it appears on the PAF – is it correct?**
* **Percentage of contribution to papers, presentation, grants, etc. are completed**
* **Consistent identification of co-authors and their contributions**
* **Chairperson’s and Dean’s teaching evaluation & Chairperson summary of course evaluations submitted**
* **Evidence of teaching effectiveness**
* **Three signed and dated copies available to Chairperson at the time of submission on the portal**

**FOR COMMITTEE USE ONLY**

**Departmental/Divisional P&B** 🞎 approved 🞎 denied Vote **\_\_\_\_\_**\_\_\_\_meeting date\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Committee Chairperson or designee*

**College/School/ Library** 🞎 approved 🞎 denied Vote **\_\_\_\_\_**\_\_\_\_ meeting date **\_\_\_\_\_\_\_\_\_**

**Personnel Committee**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Committee Chairperson or designee*

**University Personnel Committee** 🞎 approved 🞎 denied Vote \_\_\_\_\_\_\_\_ meeting date **\_\_\_\_\_\_\_\_\_**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Committee Chairperson*

****

**PAGE 2: Personnel Action Form Table of Contents**

*Order your application according to this alphabetical listing.* ***Include page numbers.***

**I. BIOGRAPHICAL INFORMATION** Starting Page

A. Educational Background/Certifications

B. Teaching Experience

C. Professional Experience

D. Academic Awards and Honors

E. Significant/Distinguished Achievements

**II. RESEARCH**

F.\*Research Prospectus (required for LAS, EDU, TCB, PHM)

G.\*Plan for Professional Growth (required for CPS and LIB)

H. Significant Research

I. Publications with their Dates

J. Program Appearances/Attendance with their Dates

K. Sponsored Projects and Programs *(internal and external)*

**III. SERVICE**

L. Sustained Service to the University, School and Departmental/Divisional Committees

M. Membership in Professional Societies

N. Other Relevant Activities

**IV. TEACHING**

O. Courses Taught

P. Teaching Evaluations……………………………………………………….. **attach separately to PORTAL**

Q. Chairperson’s Summary of Course Evaluations ………………………… **attach separately to PORTAL**

R. Teaching Portfolio **………………………………………………………….attach separately to the PORTAL**

**CERTIFICATION & SUPPORT MATERIAL**

S. Certification

T. Index of Support Materials

*\* If you are a member of the faculty of SJC (inc. ICS), EDU, TCB or PHM, please complete F and NOT G. If you are a member*

*of the faculty of CPS or LIB, please complete G and NOT F.*

****

**I. Biographical Information**

*The tables below will help you organize the material requested in the Table of Contents.*

**A. Educational Background/Certifications**

* 1. College, University, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | **Degree***(Diploma)* | **Field of Concentration**  | **Dates of Attendance or****Date of Degree Conferral** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(ii)** Certifications with year/s (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Certification/s & original date** | **Recertification required (yes or no)** | **Date/s of recertification** **(or N/A)** | **next recertification date****(or N/A)** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Teaching Experience**

**(i)** List all **FULL-TIME teaching experience AT OTHER INSTITUTIONS** in reverse chronological order (Librarians should list full-time academic/research library experience):

|  |  |  |
| --- | --- | --- |
| **Other Institution** | **Title or Academic Rank** | **Date of Employment (From – To)** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. List all teaching experience (including promotions) **at St. John’s University** in reverse chronological order. Distinguish Part-Time and Full-Time Employment with (PT) or (FT) after the entry.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School or College**  | **Rank** | **From - To** | **Years Served** | **PT/FT** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**C. Professional Experience** (if none, so state) List your significant and relevant academic and professional experience (other than teaching) in reverse chronological order. Indicate the name of the organization, your title, dates of employment, responsibilities and whether employment was full time or part time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (Organization)** | **Your Title** | **Date/s of Employment** (from – to) | **Responsibilities** | **FT/ PT** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**D. Academic Awards and Honors** (if none, so state): List all academic awards and honors you have received in reverse chronological order.

|  |  |  |
| --- | --- | --- |
| **Title of Award** | **Date Awarded** | **Description of Honor** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Significant/Distinguished Achievements** Write a paragraph about what you consider to be your most distinctive achievement/s (teaching, research and/or service) to the field and/or to the College/University.

****

**II. Research Instructions**

 *Sections F or G, H, I, J and K of the PAF*

**If you are a member of the faculty of SJC (inc. ICS), EDU, TCB or PHM, please complete F and NOT G.**

**If you are a member of the faculty of CPS or LIB, please complete G and NOT F.**

1. **Research Prospectus** (*to be completed by ALL faculty members in St. John’s College of Liberal Arts and Sciences (inc. ICS), The School of Education, The Peter J. Tobin College of Business and College of Pharmacy and Health Sciences):*

 In a brief narrative below, describe your plan to contribute to scholarship, research or creative activity in your discipline.

**OR**

1. **Plan for Professional Growth** (*to be completed by ALL faculty members in the College of Professional Studies and the University Libraries):*

 In a brief narrative below, describe your plan to achieve professional growth in your discipline.

1. **Significant Research (a.k.a. pipeline)**

 **1st and 2nd year applicants at the rank of Instructor or Assistant Professor, only fill out if applicable** *(if none, so state).*

**H(i) Describe** below in narrative form your significant research, indicating dates where possible.

|  |  |
| --- | --- |
| **KEY: Identifiers*** Your Name: **BOLD**
* Colleague (SJU): *(SJU) and Italics*
* Student UG: Underline UG
* Student (Grad Level): Underline GRAD
* Other: So indicate with **\*\*\***
 | **KEY: Quality of Publication*** IPR = Internationally Peer Reviewed
* NPR = Nationally Peer Reviewed
* RPR = Regionally Peer Reviewed
* LPR = Locally Peer Reviewed
* X = Not Peer Reviewed
 |

**H (ii) List** articles and/or books submitted **but not yet accepted for publication (your “pipeline”) in reverse chronological** order and include copies of same as part of your support material. In the case of co-investigated or co-authored research or submitted publications, you MUST indicate the identity of the person according to the chart below and each person’s percentage of contribution to all work.

**Date Submitted , Title of Article/Journal , Book and Publisher (Use proper bibliographical format for your discipline) , Length of Article , Authors / Co-Authors + Percent (%) of Contribution , Quality of Publication (Use Key)**

**H (iii)**  **Indicate** the title of your doctoral dissertation, where applicable.

|  |  |
| --- | --- |
|  |  |
|  |  |

1. **Publications with their Dates:**

 **1st and 2nd year applicants at the rank of Instructor or Assistant Professor, only fill out if applicable** *(if none, so state).*

|  |  |
| --- | --- |
| **KEY: Identifiers*** Your Name: **BOLD**
* Colleague (SJU): *(SJU) and Italics*
* Student UG: Underline UG
* Student (Grad Level): Underline GRAD
* Other: So indicate with **\*\*\***
 | **Key: Quality of Publication (more than one designation may be used if needed)*** IPR = Internationally Peer Reviewed
* NPR = Nationally Peer Reviewed
* RPR = Regionally Peer Reviewed
* LPR = Locally Peer Reviewed
* X = Not Peer Reviewed
* SP = Self Published
* Online publication (So state)
* PFP = peer reviewed proceeding
* FP = full paper published in proceedings
* AP = abstract/description in proceedings
 |

**INSTRUCTIONS: PUBLICATIONS:** List in reverse chronological order beginning with this November and working backward to last Oct/November all publications or manuscripts accepted for publication within those dates. Using the chart below distinguish your publication as a book (authored, edited), articles (peer-reviewed, invited, etc.), book chapters, proceedings, abstracts, other. In the case of co-investigated or co-authored research or submitted publications, you MUST indicate the identity of the person according to the chart below and each person’s percentage of contribution to all work.

* For journal articles, clearly indicate the title, Journal, date (month and year), volume and pagination.
* For book(s), include the name of the publisher. List a publication as a book ONLY if it is completely authored, co-authored or edited by you. Sections/chapters must be indicated separately.
* IF an article or book has been submitted and accepted but not published, please scan the letter of acceptance on to the end of the PAF or place it in the support material.
* Proceedings and abstracts cross listed in this section must have the appropriate designations from the key above.

**(i)(a) CURRENT YEAR’S PUBLICATIONS FOR THIS PAF CYCLE** (use reverse chronological order starting with this November and working backwards to last Oct/November)

**Title of Publication & Publisher (To the Best of your Knowledge, use proper Bibliographical Format for your Discipline) , Title of Article/Journal , Book and Publisher, Authors / Co-Authors + Percent (%) of Contribution , Length of Article (if applicable) , Quality of Publication (Use Key)**

(i)(b) Prior years’ publications (before this PAF cycle) INSTRUCTIONS: ***CUT and paste*** last year’s “current” to the top of this section

**Title of Publication & Publisher (To the Best of your Knowledge, Use proper Bibliographical Format for your Discipline) , Title of Article/Journal , Book and Publisher, Authors / Co-Authors + Percent (%) of Contribution , Length of Article (If applicable) , Quality of Publication (Use Key)**

**(i)(c) PATENTS AND PATENT APPLICATIONS** LIST ALL patents/patent applications (use reverse chronological order).

***Name/Title of Patent Authors / Co-Authors + Percent (%) of Contribution , Date Submitted (If Pending Approval) , Date Registered***

**(i)(d) GALLERY APPEARANCES** (use reverse chronological order). **Each medium should fill out this section as it deems appropriate using** **reverse chronological order as the main guideline (if helpful use categories below or add additional explanation/categories.**

 ***Print / Photo Appearances by Year in Reverse Chronological Order (Give “From” and “To” dates if applicable) , Catalogue According to Media Format , Gallery Name (If Applicable)***

1. **Program Appearances/Attendance with their Dates:**

|  |  |
| --- | --- |
| **KEY: Identifiers*** Your Name: **BOLD**
* Colleague (SJU): *(SJU) and Italics*
* Student UG: Underline UG
* Student (Grad Level): Underline GRAD
* Other: So indicate with **\*\*\***
 | **Key: Roles****R** = research paper presenter**M** = moderator**S** = speaker or panelistO = session organizer**P** = poster session presenter**E** = executive board member**D** = discussion or respondent**A** = paper presented by colleague in your absence |

**INSTRUCTIONS: Current year’s program appearances.**  List all **program appearances** with pertinent dates. Use the keys above to indicate your role. Also Identify collaborator/s as colleague, faculty member, student or other. List titles of papers presented at each meeting with appropriate bibliographical notation; abstracts, proceedings, etc. [If a paper was later published, it should be cross-listed under publications “I.”]

**J (a) THIS PAF: CURRENT YEAR’S CONFERENCE and PROGRAM APPEARANCES with PATICIPATION** *(reverse chronological orders starting this November and working backwards to last Oct/November)*

***Date(s) of Conference , Name of Program or Conference (Include Location) & Title of Paper Presented (If Applicable) , Category (Local, Regional, National, International, etc.)******, Role (See Key)***

**J (b) THIS PAF: CURRENT CONFERENCE/PROGRAMS attended without active participation**

***Date(s) of Conference, Name of Program or Conference, Category (Local, Regional, National, International)***

***J (c)*** *Prior conference attendance with active participation (reverse chronological order)* **INSTRUCTIONS**: ***CUT AND PASTE*** last year’s “current” to the top of this section

***Date(s) of Conference , Name of Program or Conference (include location) & Title of Paper Presented (if applicable) , Status (Local, Regional, National, International, etc.) , Role (See Key)***

***J (d)*** *Prior conferences/programs attended without active participation (reverse chronological order)* **INSTRUCTIONS**: ***CUT AND PASTE*** last year’s “current” to the top of this section

***Date(s) of Conference , Name of Program or Conference , Status (Local, Regional, National, International etc.)***

1. **Sponsored Projects and Programs:**

Specify any grants applications. Include all relevant information such as **project title,** **award (dollar amount)**, **name of funding source,** meaning is it **internally (SJU) or externally** funded, **status of the grant** (P-Pending F- funded- UF Unfunded) and the **award period of funded grant**. If necessary, use the key below to identify any collaborators and include percent contribution. Please useReverse chronological order from date of submission.

|  |
| --- |
| Your Name: **BOLD**Colleague (SJU): *(SJU) and Italics*Student UG: Underline UGStudent (Grad Level): Underline GRADOther: So indicate with **\*\*\*** |

**Title of Grant Application (include date submitted) *–*** *if not the sole author, enumerate all collaborators here and define each person’s percent (%) contribution* **, $USD Amount (with number of years), Internal (SJU) or Name of the Source of Funding , Status (P-Pending; F- Funded; UF- Unfunded) , Award Period**

****

**III. Service Instructions**

 *L, M and N*

**L. Sustained Service to the University, School and Departmental or Divisional Committees with their Dates:** (if none, so state)

*Description (use more than one if needed)*

* COM: Committee Activity
* ADM: Administrative Assignment
* ACAD: Academic Assignment

*Key: Roles*

* ***D:*** *Departmental/Division Level*
* ***S:*** *School/College Level*
* ***U:*** *University Level*

d

***L(i) THIS PAF: SUSTAINED Service*** *(*List in reverse chronological order (*starting this October and working backwards to last November)* your service on Department/Division, School and University committees (give names of committees and dates of service). Include administrative assignments that you have had at St. John's, using the chart above to categorize each activity.

***Committee (name in full) , Level ( See Key ) , Description (see key), Dates of Service ( From: mm/dd/yr ; To: mm/dd/yr ) , Indicate Special Position (If applicable)***

*L (ii) Prior Years’ PAF: Sustained Service INSTRUCTIONS:* ***CUT AND PASTE*** last year’s “current” to the top of this section

***Committee (name in full) , Level (see key) , Description (see key), Dates of Service ( From: mm/dd/yr ; To: mm/dd/yr ) , Indicate Special Position (if applicable)***

***L (iii)* Workshops/ Seminars Conducted For Faculty Colleagues**

 **Only SJC-ICS faculty may choose to complete this section all others may delete this from their final PAF**

List, in reverse chronological order specialty workshops and seminars devoted to the core specialty for faculty of schools and colleges of the University. Use the chart below to categorize your involvement in each activity.

*Key: Roles*

***R:***  *Report Presenter*

***M:*** *Moderator*

***S:*** *Speaker/Panelist*

***O:*** *Session Organizer*

***D:*** *Discussant or respondent*

***A****:* *Report presented by colleague in your absence*

***L (iii) (a) THIS PAF: CURRENT CORE SPECIALTY WORKSHOPS/SEMINARS with participation*** *(reverse chronological orders starting this November and working backwards to last Oct./November) .*

 ***Date(s) of Workshop/Seminar, Name of Workshop/Seminar, Title of Report Presented (If Applicable) , Role (See Key)***

***L (iii) b) THIS PAF: CURRENT CORE SPECIALTY WORKSHOPS/SEMINARS attended without active participation***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Date(s) of Workshop/Seminar, Name of Workshop/Seminar,***

L (iii)(c) Prior year’s Workshops/Seminars attendance with active participation ***CUT AND PASTE*** last year’s “current” to the top of this section

***Date(s) of Workshop/Seminar, Name of Workshop/Seminar, Title of Report Presented (If Applicable) , Role (See Key)***

L (iii) (d) Prior year’s Workshops/Seminars attendance without active participation ***CUT AND PASTE*** last year’s “current” to the top of this section

***Date(s) of Workshop/Seminar, Name of Workshop/Seminar,***

**M. Membership in Professional Societies** (if none, so state).

**(i)** List the following in reverse chronological order through the present day. Include any position held in these organizations with dates.

**Professional Association / Society (Full Title) ,Category (Local, Regional, National, International, etc.) , Dates of Membership (From – To) , Indicate any special position (if applicable : From – To)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(ii) Listings in biographic publications.** Use reverse chronological order.

**N. Other Relevant Activities** (if none, so state).

List any other activities below that you consider relevant or of importance which were not covered in the above categories.

****

**IV. Teaching Instructions**

 *O, P, Q and R*

**Note: All full-time faculty hired after 2007-2008 must maintain a current teaching portfolio that is updated annually and therefore MUST complete “R”. All other applicants may choose to do a Portfolio, but it is not required.**

**O. Courses Taught**

**INSTRUCTIONS** All applicants will complete O regardless of whether or not they are creating a teaching portfolio.

1. **Write one paragraph about your teaching.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Semester** **(ex. Fall 2018)** | **Course Title and Number** | **# of Credits** | **New Prep.***(Y/N)* | **New Course***(Y/N)* | **UG** **or GR** | **# of students** | **Institution where Course was Taught (if not SJU)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**(ii) List courses** **taught** over a two-year period by title. Please separate by semester. If applicable, indicate how many sections were taught, whether it was a new course or new preparation and if it was graduate or undergraduate. Indicate which, if any, courses were not taught at St. John’s.

**P. Chairperson and Dean Classroom Evaluation**

 **INSTRUCTIONS** All applicants should attach these forms to the PAF even if they are also placing them in the teaching portfolio.

1. SCAN current year only of THE DEPARTMENTAL/DIVISIONAL Classroom evaluation and upload to PORTAL. (PREVIOUS EVALUATION FORMS CAN BE INCLUDED IN THE SUPPORT MATERIALS - if you so choose)
2. SCAN current year only of THE DEAN’S classroom evaluation form and upload to PORTAL. (PREVIOUS EVALUATION FORMS CAN BE INCLUDED IN THE SUPPORT MATERIALS - if you so choose)

**Q. Chairperson Summary of Course Evaluations
INSTRUCTIONS** All applicants should attach these forms to the PAF even if they are also placing them in the teaching portfolio

SCAN the CHAIRPERSON’S SUMMARY, comments and recommendations as well as your responses and upload to the PORTAL *Please note that this does not apply to first-year faculty in all ranks.*

**R. Teaching Portfolio - Submit to the Portal**

**“All full-time faculty hired after 2007-2008 must maintain a current teaching portfolio that is updated annually. The teaching portfolio will include the following items:**

1. A brief narrative statement by the faculty member with appendices that provide support for the claims made in the narrative. The teaching narrative should be used to address teaching philosophy and a description of the evolution of the faculty member’s teaching.
2. A dossier of materials, such as course outlines, syllabus, reading lists and sample corrected work.
3. A description of teaching improvement activities.
4. Student evaluations:

Required chairperson summary data information regarding student evaluations (if uploaded to PORTAL there is no need to duplicate here)

Optional: Supplemental material for student evaluations can include – full evaluation data, reflections on evaluations and student correspondence**.**

**T. Index**

 **Index of Support Material**

Attach an index of the support material you are providing to the end of this PAF. TWO paper copies must also be placed at the front of any boxes or folders containing written support material. Support material should be indexed in accordance with the lettering system of the Table of Contents. If your support material is completely electronic this is not applicable.

**S. Certification**

Remember to sign and certify all three printed copies at the end of this document.

*Certification:*

*I affirm and declare the following:*

1. *I am the person whose name was entered on the Cover Page of this form.*
2. *The statements made on this application are true and correct.*
3. *I have not knowingly and/or willfully made false statements on this application*

Signature Date