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| **CANDIDATE NAME** |  |
| **DEPARTMENT** |  |

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| **GENERAL FILE STRUCTURE** | **COMPLETE** |
| -Verify the file components have been assembled in the proper order |  |
| -Create and validate bookmarks |  |
| -Verify Department level File Certification |  |

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| **APPOINTMENT FILES** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify file includes the Biography/Academic Personal Data Form | | |  |  |
| -Department letter should identify a Mentor for Assistant Teaching Professors and Ladder Rank Assistant Professor appointments | | |  |  |
| -Verify inclusion of the Mid-Year Election Form | | |  |  |
| -Ensure previous employment salary information is not included or is redacted | | |  |  |

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| **JOINT APPOINTMENTS/REVIEWS** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify inclusion of MOU | | |  |  |
| -Home department Dean’s Office confirmed file was coordinated with joint department counterparts | | |  |  |
| -Consult Funding Plans for Joint Hires (Chancellor’s Hiring Initiative) | | |  |  |

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| **FILE SUMMARY FORM** | **COMPLETE** | **N/A** |
| **-**-Verify inclusion and correct version of form is being used |  |  |
| -Verify the applicable action has been selected and that it matches what is being proposed in the department letter |  |
| -Review form for overall accuracy (salary, effort, scale date, years at rank/step etc.) |  |
| -Verify Market/Bonus Off-Scale, Above Scale calculation is accurate |  |  |

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| **VOTE (FILE SUMMARY FORM)** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify the department vote is properly documented | | |  |  |
| * -Meets quorum requirements | | |  |
| * -Complies with Academic Senate Bylaw 55, department bylaws, and PPM | | |  |
| * -Senate and Non-Senate Votes reported separately | | |  |  |

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| **UC EMPLOYMENT HISTORY FORM** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify inclusion | | |  |  |
| -Verify all relevant data is accurate and documented (appointment dates, title, step, % time, department name, etc.) | | |  |
| -Ensure all applicable leaves are noted | | |  |  |
| -Ensure sabbatical report is included | | |  |  |

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| **DEAN/AVC LETTER** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify inclusion | | |  |  |
| -Verify congruent with File Summary Form | | |  |
| -Verify referees are not identified by name | | |  |  |
| -Verify it clearly expressed support for the department’s proposed action or an alternative outcome | | |  |  |

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| **CHAIR INDEPENDENT LETTER** | **N/A** |  | **COMPLETE** |
| -Verify inclusion | | |  |

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| **DEPARTMENT LETTER** | **COMPLETE** | **N/A** |
| -Verify inclusion |  |  |
| -Ensure departmental recommendation letter contains a thorough justification of proposed action(s) and an evaluation of the candidate’s qualifications according to series criteria |  |
| -Verify any reference appendixes or attachments are included in the file |  |  |
| -Verify that department standards are included and the candidate is measured according to those standards |  |  |
| -Verify external letter writers are not identified by name |  |  |
| -Ensure department criteria for the proposed action is addressed |  |  |
| -Confirm there are no conflicts of interest in the file |  |

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| **CERTIFICATIONS (CURRENT UC EMPLOYEES ONLY)** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify inclusion | | |  |  |
| -Ensure dates are in alignment with dates of reviewer recommendations | | |  |
| -Confirm candidate response is included | | |  |  |
| -Review for procedural irregularities and ensure nothing improper is included, e.g. disclosure of identities | | |  |  |

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| **AD HOC COMMITTEE REPORT** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify inclusion and accuracy of recommendations | | |  |  |
| -Verify inclusion of any dissenting letters | | |  |  |
| -Verify Ad Hoc Letter is signed by all committee members | | |  |  |
| -Verify external letter writers are not identified by name | | |  |  |
| -Confirm there are no conflicts of interest in the file | | |  |  |

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| **REFEREE ID LIST & SOLICITATION LETTERS** | **N/A** |  | **COMPLETE** |
| -Verify inclusion | | |  |
| -Verify solicitation letters include confidentiality statements and match the proposed action(s) | | |  |
| -Verify the requisite number of letters are included (3 or 5) | | |  |
| -Check required number of department selected referees versus candidate selected referees | | |  |
| -Ensure external referee letters are appropriately analytical in content and independence | | |  |
| -Confirm each letter is correctly labeled in accordance with the Referee ID List | | |  |

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| **REFEREE LETTERS** | **N/A** |  | **COMPLETE** | **N/A** |
| * -Ensure referee letters are properly labeled with their corresponding Referee ID List letter (e.g A, B, C, etc.) | | |  |  |
| * -Verify external referees are independent | | |  |  |
| * -Verify the requisite number of letters are included (3 or 5) | | |  |
| * -Verify the majority of external referees were selected by the department | | |  |
| -Ensure referees are not identified anywhere in the file other than by their designated letter from the Referee ID list | | |  |

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| **BIOGRAPHY/BIBLIOGRAPHY** | **COMPLETE** | **N/A** |
| -Verify inclusion |  |  |
| -Verify updates to reflect new work completed during the review period |  |
| * -Verify work after October 15th is not included |  |
| -Verify the form is sign and dated by the employee/candidate |  |
| -Publications numbered to correspond with their entry on the Bibliography |  |
| -If publications are submitted by way of an online hyperlink, verify links are functional |  |  |
| * If using Dropbox, confirm Dropbox does not have an expiration date |  |  |

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| **TEACHING** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify inclusion | | |  |  |
| -Review Course-load Form and ensure sabbaticals are noted (GC & SIO) | | |  |  |
| -Review HS Teaching Quantification and Patient Caseload forms for accuracy and completeness (HS) | | |  |  |
| -Ensure file contains all applicable evaluations, including student comments | | |  |  |
| * Verify student reviewers are not identified | | |  |
| -Ensure “Non-Confidential” documents are labeled as “Non-Confidential” | | |  |  |

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| **RECONSIDERATION/ ADDITIONAL INFORMATION** | **N/A** |  | **RECON** | **ADDL** | **N/A** |
| -Verify inclusion of updated File Summary Form labeled | | |  |  |  |
| -Verify inclusion of Department letter | | |  |  |  |
| -Verify inclusion of Certification 3 (Interfolio Files) or Certification C (Paper Files) and date alignment with reviewer recommendation dates | | |  |  |  |
| -Verify inclusion of referenced or submitted supporting documentation | | |  |  |  |
| -Verify inclusion of requested additional information | | |  |  |  |

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| **INITIAL REVIEW** | |
| **DEAN PREPARER NAME** |  |
| **DEAN PREPARER SIGNATURE** |  |
| **DATE** |  |

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| **RECON REVIEW** | |
| **DEAN PREPARER NAME** |  |
| **DEAN PREPARER SIGNATURE** |  |
| **DATE** |  |

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| **ADDL REVIEW** | |
| **DEAN PREPARER NAME** |  |
| **DEAN PREPARER SIGNATURE** |  |
| **DATE** |  |