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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 |  |

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| **APPOINTMENT FILES** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify file includes the Biography/Academic Personal Data Form | | |  |  |
| -Verify the Appointment Summary Form is included and accurately states the following: | | |  |
| * Highest degree completed | | |  |
| * Present status and proposed title, rank, step, salary, effective date | | |  |
| -Verify inclusion of the Mid-Year Election Form | | |  |  |
| -If current/previous UC employee: | | |  |  |
| * Calculate the number of service years applicable toward an eight year limit proposed title | | |  |  |
| * If candidate has prior UC Academic Employment History at UCSD or any UC campus, include appointment dates, title, step, rank, % time, and department | | |  |  |
| -Department letter should identify a mentor for Assistant Teaching Professors and Ladder Rank Assistant Professor appointments | | |  |  |
| -Department letter should review and discuss the recruitment process | | |  |  |

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| **JOINT APPOINTMENTS/REVIEWS** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify inclusion of MOU | | |  |  |
| -Home department has coordinated file with joint department counterparts | | |  |  |

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| **FILE SUMMARY FORM** | **COMPLETE** | **N/A** |
| **-**Verify inclusion |  |  |
| -Verify the applicable action has been selected |  |
| -Specify if advancement is “Normal” or “Accelerated” |  |  |
| * If Accelerated, specify number of acceleration years |  |  |
| -Verify “Present Status” and “Proposed Status” are complete and consistent with the department letter |  |  |
| -Verify the proper department chair signature approvals are documented |  |

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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 | | |  | **N/A** |

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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.) | | |  |
| -Leave and Sabbatical history listed and includes periods without pay during the review period | | |  |  |
| * Complete sabbatical and leave history listed for the candidate’s review period | | |  |  |
| -Accelerated merit advancement annotated with and asterisk (\*) | | |  |  |

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

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| **DEPARTMENT LETTER** | **COMPLETE** | **N/A** |
| -Verify inclusion |  |  |
| -Proposed status is properly stated including title, rank, step, salary, and effective date |  |
| -Ensure department criteria for the proposed action is addressed |  |
| -Verify vote discussion, degree of consultation, and results are provided |  |  |
| * Explanation for negative, abstentions, and absences |  |  |
| * Verify the vote complies with PPM policy and Academic Senate Bylaw 55 |  |  |
| -Note Conflicts of interest in the file |  |  |
| * Ensure the file author has not collaborated with the candidate within the past 5 years |  |  |
| -Evaluates the candidate’s qualifications and effectiveness in the following areas: |  |  |
| * Research & Creative Activities |  |  |
| * + Describe and evaluate the research and other creative activity and its impact his/her respective field |  |  |
| * + Indicate journal and conference proceeding standings |  |  |
| * + Indicate whether journals are refereed and their rate of acceptance/rejection |  |  |
| * + Discuss candidate’s success in obtaining funding for research and other creative activities |  |  |
| * + Indicate the candidate’s grant-related roles |  |  |
| * Teaching Activities |  |  |
| * + Discuss teaching effectiveness |  |  |
| * + Discuss any problems in the area of teaching and specify performance improvement plans |  |  |
| * + Compare candidate’s teaching load to normal departmental teaching load |  |  |
| * Service |  |  |
| * + Describe candidate’s professional achievements |  |  |
| * + Describe the nature and quality of the service contributions |  |  |

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| **CERTIFICATIONS (CURRENT UC EMPLOYEES ONLY)** | **N/A** | |  |
| **-Interfolio-** | | **-Paper Files-** | |
| * **Verify Inclusion:** Certification 1A   Certification 1B  N/ACertification 2 | | * **Verify Inclusion:** Certification A   Certification B | |

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| **AD HOC COMMITTEE REPORT** | **N/A** |  | **COMPLETE** |  |
| -Verify inclusion | | |  |
| -Review for any conflicts of interest | | |  |
| -Ensure the file author has not collaborated with the candidate within the past 5 years | | |  |
| -Ad Hoc Letter is signed by all committee members | | |  |

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| **REFEREE ID LIST & SOLICITATION LETTERS** | **N/A** |  | **COMPLETE** | **N/A** |
| -Verify inclusion | | |  |  |
| -Verify solicitation letters include confidentiality statements | | |  |  |
| * Include which referee received which solicitation letter if different letters were distributed | | |  |  |
| -Review for any conflicts of interest (collaboration within that past 5 years) | | |  |  |

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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 |  |
| * Do not include work completed after October 15th |  |
| -Ensure line placement is correct |  |
| -Verify the form is sign and dated by the employee/candidate |  |
| -Publications numbered to correspond with their entry on the Bibliography |  |
| * Verify consistent numbering to correspond with Bibliography entries |  |
| -As applicable, all new items in Section A of the bibliography should be submitted and the corresponding citation marked with an asterisk (\*) on the bibliography |  |  |
| -If career review, all significant career publications should be submitted and the corresponding citation on the bibliography marked with an asterisk |  |  |
| * 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 | | |  |  |
| -Confirm accuracy of course load forms   * If your dept./Div. **does not use** course load forms, specify the forms being submitted in the space below: | | |  |
| - Review Undergraduate, including student comments | | |  |
| - Review Graduate evaluations, including student comments | | |  |
| - If applicable, include memo explaining any missing evaluations | | |  |  |
| - Check that student reviewers are not identified | | |  |  |
| - If applicable, ensure “non-confidential” documents are labelled as “non-confidential” | | |  |  |

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| **RECONSIDERATION/ ADDITIONAL INFORMATION** | **N/A** |  | **RECON** | **ADDL** | **N/A** |
| -Verify inclusion of labeled and updated File Summary Form | | |  |  |  |
| -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** | |
| **DEPT PREPARER NAME** |  |
| **DEPT PREPARER SIGNATURE** |  |
| **DATE** |  |

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

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