

University of Tennessee Health Science Center

Alternate Form for the Annual Performance and Planning Review in the case of a Tenured Faculty Member Who is Simultaneously in the Enhanced Performance and Planning Review

Name _____
 Rank _____
 Department _____
 College _____

Check the appropriate response for each area of the mission to indicate if it is part of the EPPR Improvement Plan	
Teaching	<input type="checkbox"/> Yes <input type="checkbox"/> No
Research/Creative & Other Scholarly Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service/Outreach	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full-time Part-time ____ % if part-time

- Is the Progress Report that clearly describes performance in the area(s) identified for the EPPR Improvement Plan for the current evaluation period attached? Yes No
- Is the narrative summary based upon the goals and expectations agreed upon for the current evaluation period in the area(s) not part of the EPPR Improvement Plan attached? Yes No
- Is the work assignment for the next evaluation period attached? Yes No
- Are the mutually established goals for the next evaluation period attached? Yes No
- Is a CV updated in the current calendar year attached? Yes No
- Has the Chair reviewed the faculty member's completed Outside Interests Disclosure Form? Yes No
- The Chair's Progress Report, narrative summary, & evaluation was provided to the faculty member on: _____
- Is the faculty member's optional response to the Chair's evaluation attached? Yes No N/A

9. Overall Performance Rating	Rating	Faculty Member	Chair
	Exceeds Expectations for Rank	<input type="checkbox"/>	<input type="checkbox"/>
	Meets Expectations for Rank	<input type="checkbox"/>	<input type="checkbox"/>
	Needs Improvement for Rank	<input type="checkbox"/>	<input type="checkbox"/>
	Unsatisfactory for Rank	<input type="checkbox"/>	<input type="checkbox"/>

10. Percent Effort Allocation by Assigned Mission Area for Upcoming Academic Year

<u>Mission Area</u>	<u>Assigned Percent Effort</u>	<u>Check if not Applicable</u>
Teaching	_____	<input type="checkbox"/>
Research/Creative & Other Scholarly Activities	_____	<input type="checkbox"/>
Clinical Care	_____	<input type="checkbox"/>
Service/Outreach	_____	<input type="checkbox"/>

11. We have discussed the contents of this document. By signing below, I acknowledge that I have participated in the review process & have received a copy of this review (*without implying agreement or disagreement*). I understand that I have the right to disagree with this evaluation & to respond in writing within ten (10) days from the date I received this form.

Order of Required Attachments

- Progress report describing performance in area(s) identified for EPPR Improvement Plan
- Narrative summary of goals & expectations in area(s) not part of EPPR Improvement Plan
- Faculty member's response (*if provided by faculty member*)
- Work assignment for next evaluation period
- Mutually established goals for next evaluation period
- Updated CV as of current calendar year

 Faculty Member Signature Date

 Chair (or responsible supervisor) Signature Date

Distribution: Faculty Member | Department Files | Dean | Chief Academic Officer