

## Hofstra University Library-Faculty Evaluation Form<sup>1</sup>

ACADEMIC YEAR, SEPTEMBER 1,            TO AUGUST 31,

Name:
Rank:
Dept.:
<b>A. Library-Faculty Member's Report</b>
Areas of evaluation (to be used as guides to determine more accurately the particular contribution of each person. Include work performed, work in progress and work projected).
1. The Practice of Librarianship and Related Activities
2. Professional activity (e.g., professional organizations, publications, research, continuing education)
3. Special Departmental Services; University Community Service; Community Services Which Enhance Hofstra's Reputation (e.g., service on committees, special assignments and projects, public relations activities)

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<sup>1</sup> Not for use for first year library-faculty as this is an evaluation of last year's activity.

<b>B. Personal Data<sup>2</sup></b>	
1. Date of rank:	
2. Date of first appointment:	
3. Highest degree and date:	
4. Current base salary:	
5. Tenure status:	
a. already tenured:	date of tenure:
b. not yet tenured:	date of req. tenure:
c. date of required notification of non-tenure:	

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<sup>2</sup> To be filled out by Office of the Dean.

C. Chair's Report

1. Evaluation

2. Prospects for tenure

Signature of Chair: \_\_\_\_\_ Date: \_\_\_\_\_

D. I have read the Chair's Report and agree with Chair: \_\_\_\_\_

I have read the Chair's Report and disagree with Chair: \_\_\_\_\_

Signature of Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

1. Faculty member's comments, if any:

2. Chair's response, if any:

E. 1. Three-way review of case held \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Faculty Member: \_\_\_\_\_  
Signature of Chair: \_\_\_\_\_  
Signature of Academic Dean: \_\_\_\_\_

2. Three-way review of case waived \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Faculty Member: \_\_\_\_\_

F. Dean's comments, if any. (In the event of a three-way review the Dean shall include the results of that review.):

G. I have read the Dean's comments.

Signature of Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Member's comments, if any:

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provost: \_\_\_\_\_ Date: \_\_\_\_\_