HOFSTRA UNIVERSITY LIBRARY-FACULTY EVALUATION FORM*

ACADEMIC YEAR, SEPTEMBER 1 ________________ TO AUGUST 31, ________________

Name ___________________________ Rank _________________ Dept. _________________

A. Library-Faculty Member’s Report

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.

* Not for use for first year library-faculty as this is an evaluation of last year’s activity.
2. Professional Activity (e.g., professional organizations, publications, research, continuing education, etc.)

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, etc.)
**B. Personal Data**

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. ten. __________
   c. date of required notification of tenure _______________

**C. Chairperson’s Report**

1. Evaluation

2. Prospects for Tenure

________________________________________ ____________________________
Signature of Chairperson          Date

**To be filled out by the Office of the Dean of Library Services.**
D. I have read the Chairperson’s Report

Signature of Lib.-Fac. Member  Date _______ and agree with Chair

1. Library-faculty member’s reason for disagreement:
   
2. Chairperson’s response, if any:

E. 1. Three-way review of case held  Date _______________

   Signature of Library-Faculty member ____________________________

   Signature of Chairperson ________________________________

   Signature of Dean of Lib. Svces. ____________________________

2. Three-way review of case waived  Date _______________

   Signature of Lib.-Fac. Member ______________________________

F. Dean’s comments, if any:

_________________________________________ _______________
Signature of Dean of Library Services  Date

_________________________________________ _______________
Signature of Faculty Member of Library Services  Date

_________________________________________ _______________
Signature of Provost  Date

(Revised 2006, Library-Faculty Evaluation Form)