ANNUAL REVIEW for TENURED FACULTY - Process

Annual review of all employees is required under UW System Administrative Policy 1254, in addition to Periodic Post-Tenure Review (RPD 20-9). Per UWSAP 1254, the process includes goal setting, feedback and a performance rating. All tenured faculty will complete this review each year, regardless as to whether they are also undergoing review for promotion or post-tenure review.

The review must be completed prior to June 30 of each year, and should be completed during the period when both the faculty member and department chair are under contract. This self-assessment must be submitted in a timely manner such that the department chair has at least 30 days to finalize their assessment during the academic year contract. In order to be eligible for system-wide salary increase, an annual review must be completed. Failure to submit a self-assessment; or failure to submit in a timely fashion, will place the faculty member at risk to be ineligible for salary increases. Failure of a chair to complete their portion, will place the chair at risk to be ineligible for salary increases. The form should be kept in the department office and be available to send to HR as documentation of annual review when needed.

*Departments may establish formal deadlines for the completion of the self-assessment and completion of the chair review as long as they are in compliance with the above timelines. Those formal deadlines may be set by majority vote of the tenured faculty in a department and shall be noticed via email to the dean and all tenured faculty in the department.*

(Note: Disagreement on the final rating, if there will be a negative impact on the faculty member (e.g. ineligible for salary increases) are subject to the grievance process as defined in Chapter 6, Section D, of the UWW Faculty Personnel Rules.)

**ANNUAL REVIEW for TENURED FACULTY – Form template**

Name of Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_

Department of Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACULTY MEMBER’S SELF-ASSESSMENT**

Reflect on your professional accomplishments in each category of teaching, research, and service during the past period of review; if you experienced any challenges, you are welcome to identify them.

Briefly describe your goals for the upcoming period of review; you may also indicate if there are any resources, professional development, or other support you might need to accomplish these goals.

**PERFORMANCE REVIEW AND REQUIRED SIGNATURE**

Meets Expectations - OR -  Does not meet expectations.

Chair’s Comments (required if the chair identifies that the individual does not meet expectations; response is optional otherwise):

**Name of Faculty Member**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**