

University of Tennessee Health Science Center
Summary of ANNUAL PERFORMANCE AND PLANNING REVIEW
of Department Chairs & College Administrators
for the time period of July 1, 2018 - December 31, 2019

Form 11

Name _____ Faculty Rank _____

Department _____ College _____ Indicate appropriate designation Tenured Tenure Track
Full-time _____ Administrative Title _____ Non-tenure Track
Part-time _____ % if part-time

1. Date of interview between Dean and Chair/Administrator _____
2. Is the Dean's narrative summary, based upon the goals and expectations agreed upon for the current evaluation period attached? Yes No
 - a. Does the narrative include a statement of progress toward tenure consideration if the faculty member is on tenure-track? Yes No N/A
 - b. If required, is the Improvement Plan attached to the narrative summary? Yes No N/A
 - c. Is the work assignment for the next evaluation period attached? Yes No
 - d. Are the mutually established goals for the next evaluation period attached? Yes No
 - e. Has the Dean reviewed the Chair/Administrator's completed Outside Interests Disclosure form? Yes No
3. When was the Dean's interview summary and evaluation provided to the Chair/Administrator? _____

4. Is the Chair/Administrator's optional response to the Dean's evaluation attached? Yes No N/A

5. Overall performance rating

NOTE: The rating must be entered on the Percent Effort Allocation and Performance Rating screen for the 2019 year within Digital Measures. As always, the chair/administrator may enter the rating they determine they deserve and the dean must enter the rating for the overall annual review.

6. Percent effort allocation by assigned mission for the upcoming academic year

NOTE: The percent effort allocation must be entered by the dean on the Percent Effort Allocation and Performance Rating screen as the 2020 year within Digital Measures.

NOTE: Upon completion, this form should be printed out, signed and dated by the chair/administrator and dean.

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

Department Chair/College Administrator signature

Date

Dean signature

Date

NOTE: Once signed and dated by both parties, this document and accompanying documents (listed below) should be uploaded in the designated document upload links in Digital Measures in the Percent Effort Allocation and Performance Rating screen for calendar year 2019.

<p><i>*Requires Form 9: Annual Review Improvement Template to be attached.</i></p>	<p><i>Distribution: Offices of the division chief (if relevant), department chair, dean, and campus Faculty Affairs will access the documents that are uploaded in Digital Measures.</i></p>	<p>Documents to be uploaded in Digital Measures:</p> <ol style="list-style-type: none"> 1. Form 11 (this document) 2. Dean's narrative summary 3. Department Chair/College Administrator's Annual Activity Report that includes mutually established academic goals and work assignment for the next year 4. Department Chair/College Administrator's optional response (if completed) 5. Form 9: Annual Review Improvement Plan (if required) 6. Mandatory Interim Probationary Review for Tenure (if required)
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