Narrative Summary Form **Return to OED**
The University of Tennessee Health Science Center **910 Madison Ave., Suite 826**
Memphis, TN 38163

INSTRUCTIONS FOR COMPLETING THE NARRATIVE SUMMARY FORM FOR FACULTY AND STAFF EXEMPT POSITIONS: The Narrative Summary Form must be completed and approved before candidates may be invited for on-campus interviews. The Narrative Summary documents the methods and actions taken to advertise the position, recruit applicants, and select the Principal and Alternate candidate pools. This documentation is required to show that all appropriate equal employment opportunity and affirmative action initiatives have been taken.

This form must be completed and submitted for approval by the appropriate signatory authorities. Upon completion of the form, the Department Head or Director should submit the **original copy** and **all attachments** to the Dean or Director, and then to the appropriate Vice President, Chancellor or Provost who should send the original and all attachments forward to OED. OED will consult with the Department, as necessary, and will notify the department of the approval of the Narrative Summary Form. Departments may contact candidates in order to schedule interviews upon notification of the approved form.

Questions regarding this form should be directed to OED at 901-448-2112. Departments may also consult the UT "Search Procedures: Guidelines for Conducting Academic and Staff Exempt Searches" manual.

Date: _____ Contact Person & Telephone #: _____

1. Search Information

Department/Unit: _____

Position: _____

OED (AA) File #: _____

Is this an Upper Level Search?: Yes ☐ No ☐

2. Search Committee Composition

Search Committee Chairperson: _____

Search Committee Members: _____

_____

_____

Date of Search Committee Meeting with OED: _____

3. Recruiting/Advertising Efforts

List of Publications in which the vacancy was advertised and dates of advertisement, and (to the extent possible) number of candidates who applied as a result: **(Attach additional sheets as needed)**

Publication	Dates of Advertisement

List of Professional organizations, committees, websites, e-mail lists, mass-mailings, and referral sources with which vacancy was listed and dates of listing or mailings **(Attach additional sheets as needed)**

Organization	Dates

Please describe any extraordinary efforts made by the committee to contact and encourage applications from qualified women and minority candidates: **(Attach additional sheets as needed)**

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4. Please list Principal and Alternate candidates in the following order: Last name, first name, middle initial.

Principal Candidates	Alternate Candidates

5. Complete Applicant List Including EEO/AA Self-Identification Information (provided by OED) and Principal and Alternate Pool Composition

Attach a list of **all** applicants and designate "Principal/Alternate," and "Internal/External" status using the following format:

Name	Gender	Race/Ethnicity	Vietnam Era Veteran	Other Eligible Vet	Principal/ Alternate	Internal/ External
Jane Arms	F	B	Unknown	Unknown	P	I
John Brown	M	W	No	No	A	E
Jack Doe	M	W	Yes	No		E

A description of each Principal and Alternate pool candidate's strengths and weaknesses must be sent as an attachment to this form. **Note:** *If women and/or minorities have applied, but no women and/or minorities have been selected for the principal or alternate pool, a brief description of each female and/or minority applicant should also be attached.*

6. Checklist for Attachments Required for this form

i. ☐ Copy of the *Request to Search* form

ii. ☐ Copies of the completed *Individual Contacts* logs from each Search Committee member

iii. ☐ List of all candidates using format shown in Section 5 of this form

iv. ☐ Strength and weakness statements for principal and alternate pool candidates

v. ☐ ***If applicable,*** list of strength/weakness statements for excluded female or minority applicants (i.e., if women and/or minorities have applied, but no women and/or no minorities have been selected for the principal or alternate pools)

vi. ☐ ***Copies of the vitae or resumes of all principal and alternate candidates***

7. Required Signatures

This document has been reviewed and approved by all appropriate signatories in the review/approval process:

A) _____ _____
Requested by: Department Head — Date

_____
Department Head Name (print or type)

C) _____ _____
Approved by: Vice President/Provost/Chancellor — Date

_____
Vice President/Provost/Chancellor Name (print or type)

B) _____ _____
Approved by: Dean or Director — Date

_____
Dean or Director Name (print or type)

D) _____ _____
Reviewed by: OED — Date

July 2014