

Narrative Summary Form
The University of Tennessee Health Science Center

Return to OIED: 920 Madison, Suite 825
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 (Secondary) 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/Director or Search Committee Chair signs and then should submit the **original copy** and **all attachments** to the Hiring Official. Once signed by both, send original copy and all attachments to OIED. OIED will review and then forward to the appropriate Vice President, Chancellor or Provost for signature. OIED will then receive and sign the form last, before forwarding it to the Department if approved. OIED will communicate with the department as necessary during the process. Departments may contact candidates in order to schedule interviews upon notification of the approved form.

Questions regarding this form should be directed to OIED 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: _____

Taleo Requisition Number: _____

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

2. Search Committee Composition

Search Committee Chairperson: _____

Search Committee Members: _____

Date of Search Committee Meeting with OIED: _____

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

<u>Name</u>	<u>Gender</u>	<u>Race/Ethnicity</u>	<u>Vietnam Era Veteran</u>	<u>Other Eligible Vet</u>	<u>Principal/Alternate</u>	<u>Internal/External</u>
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 (secondary) 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. _____ Copies of the CV or resumes of all principal and alternate (secondary) candidates
- ii. _____ List of all candidates using format shown in Section 5 of this form
- iii. _____ Strength and weakness statements for principal and alternate (secondary) pool candidates
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)

7. Required Signatures

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

A) _____
Requested by: Department Head or Search Committee Chair _____
Date

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

Department Head or Search Committee Chair Name (print or type)

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

B) _____
Approved by: Hiring Official _____
Date

D) _____
Reviewed by: OIED _____
Date

Hiring Official (print or type)