

COMPREHENSIVE REVIEW

Administrative Form

Year _____

Name _____ WSU ID _____

Current Rank _____

- Pre-Tenure Tenured Career-Track -- Subtrack _____
 Academic Annual 10-Month
 Full-Time (100% FTE) Part-Time (_____ % FTE)

Campus _____ Degree _____ Degree Year _____

Date of Appointment within Current Track _____ Cost Center¹ _____

Year of Tenure Consideration _____ Program¹ _____

¹Please list the Workday worktags associated with the portion of the faculty member's salary paid with core funds.

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Overall Rating:

- Especially meritorious performance (EMP)
 Strong performance beyond satisfactory (SP)
 Satisfactory (S)
 Some improvement needed (SIN)
 Substantial improvement needed (SUB)

Workload Category	Percent Effort ^a	Rating for current calendar year	Ratings by calendar year (pre-tenure faculty only)					
			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Teaching								
Scholarship								
Service								
Extension								
Librarianship								
Clinical Practice								
Administration ^b								
Other ^c								
Overall rating by calendar year (pre-tenure faculty only)								

^aTotal percent effort should equal 100% regardless of FTE

^bReserved for titled positions at or above the level of chair, or for titles that serve more than one unit as defined by the dean

^cReserved for scholarly subtract, including educational leadership, academic service, student advising, and practice

If applicable, list work completed before joining WSU only if credit has been given for this work in the letter of hire.



Progress in each workload category, as assigned. Additional comments may be added as an attachment.



Teaching

Percent Effort _____ Rating for current year _____

The reviewed faculty member _____ teach at least one WSU Global course during the review period.

Scholarship

Percent Effort _____ Rating for current year _____

Service

Percent Effort _____ Rating for current year _____

Extension

Percent Effort _____ Rating for current year _____

Librarianship

Percent Effort _____ Rating for current year _____

Clinical Practice

Percent Effort _____ Rating for current year _____

Administration

Reserved for titled positions at or above the level of chair, or for titles that serve more than one unit as defined by the dean.

Percent Effort _____ Rating for current year _____

Other

Reserved for scholarly subtract, including educational leadership, academic service, student advising, and practice

Percent Effort _____ Rating for current year _____

Additional Comments

Summary

A large, empty rectangular box with a thin black border, occupying most of the page below the 'Summary' header. It is intended for the user to write their summary.

As Department Chair/School Director, my signature indicates that I have invited the candidate to meet to discuss this review. My signature also confirms that I have consulted with the campus director when preparing this report, as applicable.

Department Chair/School Director's Signature

Date

Department Chair/School Director's Name

As the reviewed candidate, my signature indicates that I have received a copy of this review. I understand that I may have a response permanently attached to this review.

Employee's Signature

Date

Administrator Signatures: The review must be sent to the dean and, when applicable, the campus Chancellor/VCAA. If the reviewed faculty member teaches at least one Global Campus course, the report must also be reviewed by the WSU Global VCAA. Administrators may attach additional feedback; if the dean, chancellor, or VCAA(s) provide narrative feedback, it must be forwarded to the faculty for an additional review before finalization.

Dean's Signature

Date

Dean's Name

Campus Chancellor/VCAA's Signature

Date

Campus Chancellor/VCAA's Name

WSU Global Chancellor/VCAA Signature

Date

WSU Global Chancellor/VCAA's Name