

**ANNUAL FACULTY PERFORMANCE EVALUATION SUMMARY
AND SALARY RECOMMENDATION**

The objectives are: (1) to assess performance; (2) to ensure that efforts support the enterprise goals of education, clinical, research and business growth, operating margin, customer satisfaction and enterprise-wide leadership integration; (3) to assist in identifying performance objectives for future accomplishment; (4) to promote individual development; and (5) to provide opportunity for dialogue about support needed to advance Georgia Regents University, its Colleges and Departments, and Georgia Regents Health System's strategic objectives.

Instructions – Completing the Form (Please Read)

This form was designed so that it may be routed electronically to multiple approvers. In order to use this interactive form, users must have the updated version of Adobe Reader XI, <http://get.adobe.com/reader/?promoid=HRZAC>.

1A

TO BE COMPLETED BY THE EVALUATED FACULTY MEMBER

Faculty Member's Name: _____ Mentor's Name: _____

Academic College: _____ Department Home: _____

List any Center(s), Institute(s) and/or Service Line(s) of which you are a Member:

Academic Rank: _____ Date of Rank: _____

Evaluation Period (12-month period): FROM _____ TO: _____

Date of Evaluation: _____ *To be entered at the time of your evaluation with your immediate supervisor.*

Updated CV Submitted: Yes No (if "No," enter submission deadline): _____

FACULTY ACTIVITY / EFFORT:

	FY '13 Assigned	FY '13 Certified	FY '14 Assigned
Teaching / Instruction	%	%	%
Research / Scholarship	%	%	%
Clinical	%	%	%
Service	%	%	%
Administration	%	%	%
Total			

Performance Evaluation Scale: Please use this scale in rating Faculty Members' Performance		
Exceeds Expectations (EE)	Meets Expectations (ME)	Below Expectations (BE)
<ul style="list-style-type: none"> • Performance is clearly outstanding • Individual who significantly and consistently exceeds expectations and role requirements • Exceeds goals and objectives set for the year • Demonstrates exceptional depth and breadth of role knowledge, highly recognized by others within the community • Demonstrates role model behavior consistent with enterprise values for other leaders and staff members to emulate. 	<ul style="list-style-type: none"> • Performance is excellent • Individual who regularly meet and sometimes exceeds expectations and role requirements • Meets goals and objectives set for the year • Possesses full depth and breadth of role knowledge • Perceived by peers, managers, students and other customers as collaborative, skilled and reliable • Behaviors are consistent with enterprise values 	<ul style="list-style-type: none"> • Performance is not excellent • Individuals who are new in the learning curve and are still learning key job responsibilities • Inconsistently demonstrates or may be learning the required role knowledge and does not yet fully perform all requirements and duties • Did not complete important objectives • Did not achieve important goals • Behaviors are inconsistent with the enterprise values

Faculty Effort Categories and Examples of Activities (*Link to GRU Faculty Effort Definitions*)

<u>Clinical</u> (Refers to Patient Care)	<u>Research</u>
<ul style="list-style-type: none"> • Patient care while teaching with learners present. • Patient care without learners present. • Administration – activities that support the clinical mission of GRU. • Generate RVU's greater than or equal to the clinical FTE adjusted AAMC Faculty Practice Solution Center median benchmark (or other approved RVU benchmark survey instrument) for the respective specialty. • Quality of Clinical Care 	<ul style="list-style-type: none"> • Number of new Federal or State grants awarded • Total extramural direct & indirect \$ expended • Number of peer-reviewed original publications, presentations, etc... • Participation on NIH Activities. • Textbook chapter or books edited or authored • Unfunded research activities approved by chair
<u>Teaching / Instruction</u>	<u>Service</u>
<ul style="list-style-type: none"> • Didactic delivery of instruction regardless of the funding source (intramural or extramurally sponsored). • Activities sponsored by teaching grants • Distant education (synchronous or asynchronous) • Number of institutional lectures, seminars, CE courses chaired • Average scores on teaching evaluation 	<ul style="list-style-type: none"> • Clinical Service Chiefs • Medical Directors of MCGHI • Student clinics in Dental Medicine, Allied Health or Nursing (For Medicine Faculty, this is recorded in the Clinical Section) • Health fairs, mission trips or volunteer clinics

Sections highlighted with a blue box are to be completed by the evaluated Faculty Member.

Sections highlighted with a green box are to be completed by the Faculty Member's immediate supervisor. This is usually the Department Chair, but in larger departments, may be the Section Chief. If the Faculty Member's primary appointment is in a Center or Institute, this will be the Center or Institute Director.

Key:

Sections highlighted with an orange box are to be completed by the individuals who do not directly supervise the Faculty Member but have a key relationship, i.e. dotted line. This may be a Service Line Director, or a Center or Institute Director. This step is to be used if applicable.

Sections highlighted with a teal box are to be completed by the Dean

EVALUATION OF PERFORMANCE OF JOB
RESPONSIBILITIES FOR ACADEMIC YEAR 2012/2013

THE FACULTY MEMBER SHOULD ENTER THE GOALS ESTABLISHED FROM THE
PREVIOUS YEAR'S EVALUATION PERIOD WITH THEIR SUPERVISOR.

TEACHING/INSTRUCTION ACTIVITIES

_____% Effort Assigned ____% Effort Certified YTD: Teaching/Instructional Activities (Overall)

Subcategories (optional):

_____% Assigned ____% CERTIFIED YTD: Teaching (not concurrent with patient care)

_____% Assigned ____% CERTIFIED YTD: Teaching/supervising in clinical setting

_____% Assigned ____% CERTIFIED YTD: Educational Administration

FACULTY MEMBER'S SELF - EVALUATION	IMMEDIATE SUPERVISOR'S EVALUATION	TEACHING/INSTRUCTION GOALS FOR ACADEMIC YEAR 2012/2013																
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RESEARCH ACTIVITIES

____% Effort Assigned ____% Effort Certified YTD: Research Activities (Overall)

Subcategories (optional):

____% ASSIGNED ____% CERTIFIED YTD: Funded Research (Intramural or Extramural Sources)

____% Assigned ____% CERTIFIED YTD: Unfunded Research

____% Clinical ____% Certified YTD: Research Administration

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CLINICAL ACTIVITIES

____ % Effort Assigned ____ % Effort Certified YTD: Clinical Activities (Overall)

Subcategories (optional):

____ % Assigned ____ % CERTIFIED YTD: Patient care while teaching and with learners present

____ % Assigned ____ % CERTIFIED YTD: Patient care without learners present

____ % Assigned ____ % CERTIFIED YTD: Clinical Administration

FACULTY MEMBER	IMMEDIATE SUPERVISOR	CLINICAL GOALS FOR ACADEMIC YEAR 2012/2013																	
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SERVICE ACTIVITIES

____% Effort Assigned ____% Effort Certified YTD: Service Activities (Overall)

Subcategories (optional):

____% Assigned ____% CERTIFIED YTD: Public and Professional service

____% Assigned ____% CERTIFIED YTD: Institutional Service

____% Assigned ____% CERTIFIED YTD: Fundraising/Advocacy

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1B

PROPOSED GOALS FOR FISCAL YEAR 2014:

THE FACULTY MEMBER SHOULD ENTER THEIR PROPOSED GOALS IN SECTION 1B. THIS SECTION SHOULD BE DISCUSSED WITH THE IMMEDIATE SUPERVISOR AND MAY BE EDITED ACCORDINGLY BEFORE THE EVALUATION IS FINALIZED WITH SIGNATURES.

THE NUMBER OF GOALS FOR EACH EFFORT CATEGORY WILL DEPEND ON THE FACULTY MEMBER'S PERCENT EFFORT FOR THE CATEGORY.

EFFORT CATEGORY	PROPOSED EFFORT (%) FOR FY14	GOALS	MEASUREMENT HOW WILL THE ACHIEVEMENT BE MEASURED
TEACHING/ INSTRUCTION			
RESEARCH / SCHOLARSHIP			
CLINICAL			
SERVICE			
ADMINISTRATION			

ADDITIONAL COMMENTS: Summarize specific accomplishments, at least for suggested applicable areas, including special recognition by students and peers, academic promotion, board certification, etc., and attach copies. Attach additional pages as needed.

EXCEEDS EXPECTATIONS

MEETS EXPECTATIONS

BELOW EXPECTATIONS

USERS SHOULD REFERENCE THE PERFORMANCE EVALUATION SCALE ON PAGE 2.

2A

THIS SECTION SHOULD BE COMPLETED BY THE INDIVIDUALS WHO DO NOT DIRECTLY SUPERVISE THE FACULTY MEMBER BUT HAVE A KEY RELATIONSHIP, I.E. DOTTED LINE. THIS MAY BE A SERVICE LINE DIRECTOR, OR A CENTER OR INSTITUTE DIRECTOR. THIS STEP IS TO BE USED IF APPLICABLE.

Name of Evaluator: _____

Job Title: _____

Relationship to Faculty Member: _____

EVALUATION SUMMARY: Use the space below to provide succinct summary of the Faculty Member's performance over the last year. Summarize specific accomplishments, at least for suggested applicable areas, including special recognition by students and peers, academic promotion, board certification, etc., and attach copies for each evaluated area. Specifically indicate areas of deficiency. Attach additional pages as needed.

EXCEEDS EXPECTATIONS

MEETS EXPECTATIONS

BELOW EXPECTATIONS

USERS SHOULD REFERENCE THE PERFORMANCE EVALUATION SCALE ON PAGE 2.

INSTRUCTIONS: PLEASE CLICK THE EMAIL BUTTON TO SUBMIT THE EVALUATION FORM TO THE NEXT APPROVER. ONCE THE EMAIL BOX OPENS, IT SHOULD BE UPDATED WITH THE APPROPRIATE IMMEDIATE SUPERVISOR'S E-MAIL ADDRESS.

Signature of Evaluator: _____ Date: _____

Secondary Signature (if applicable): _____ Date: _____

3A

THIS SECTION SHOULD BE COMPLETED BY THE FACULTY MEMBER'S IMMEDIATE SUPERVISOR. THIS IS USUALLY THE DEPARTMENT CHAIR, BUT IN LARGER DEPARTMENTS, MAY BE THE SECTION CHIEF. IF THE FACULTY MEMBER'S PRIMARY APPOINTMENT IS IN A CENTER OR INSTITUTE, THIS WILL BE THE CENTER OR INSTITUTE DIRECTOR.

Faculty Member's Immediate Supervisor's Name: _____

Evaluation Completion Date: _____ Faculty Member's Date Eligible for Promotion: _____

Faculty Member's Date Eligible for Pre-Tenure Review: _____

Date Eligible/Awarded for Tenure: _____ Date of Appointment: _____

OVERALL PERFORMANCE EVALUATION OF FACULTY MEMBER: *THE COLLECTIVE EVALUATION OF THE FACULTY MEMBER BY THE IMMEDIATE SUPERVISOR WITH INPUT FROM OTHER RELEVANT LEADERS SUCH AS: CHAIR OR CENTER / INSTITUTE DIRECTOR, AND DEAN.*

READ BELOW AND CHECK THE BOX THAT APPLIES (IF APPLICABLE)

The Faculty Member's home department is an institute or center and their immediate supervisor is also in the center or institute. The overall evaluation summary below includes input from the Chair of the Faculty Member's academic (tenure) home.

The Faculty Member's home department and academic home is the same and they have a center, institute, or service line membership(s). The overall evaluation summary below includes input from the Center or Institute Director and/or Service Line Administrator.

The Faculty Member's home department and academic home is the same and they do not have a center, institute or service line membership(s). The overall evaluation summary below includes input from the Department Chair.

OVERALL EVALUATION SUMMARY OF THE FACULTY MEMBER *(Attach additional pages as needed)*

Use the space below to provide succinct summary of the Faculty Member's performance over the last year. Summarize specific accomplishments, at least for suggested applicable areas, including special recognition by students and peers, academic promotion, board certification, etc., and attach copies for each evaluated area. Specifically indicate areas of deficiency.

OVERALL PERFORMANCE EVALUATION RATING:

EXCEEDS EXPECTATIONS MEETS EXPECTATIONS BELOW EXPECTATIONS

USERS SHOULD REFERENCE THE PERFORMANCE EVALUATION SCALE ON PAGE 2.

3B

IS THERE A FACULTY DEVELOPMENT PLAN FOR THE INDIVIDUAL?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IS THERE A FACULTY IMPROVEMENT PLAN FOR THE INDIVIDUAL?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

FACULTY DEVELOPMENT PLAN

Using the GRU Promotion and Tenure Guidelines, use this section (if applicable) to identify actions the Faculty Member can take to ensure he/she is prepared for the Promotion and Tenure process.

Career Action Plan	Describe Action Plan Activities
Additional Comments:	

FACULTY IMPROVEMENT PLAN

THIS SECTION IS TO BE USED FOR FACULTY MEMBERS WHO ARE NOT MEETING PERFORMANCE EXPECTATIONS.

IMPROVEMENT AREA	DESCRIBE PERFORMANCE LEVEL NEEDED

Additional Comments:

5A

6A

TO BE COMPLETED BY THE COLLEGE'S DEAN

Name: _____

EXCEEDS EXPECTATIONS **MEETS EXPECTATIONS** **BELOW EXPECTATIONS**

USERS SHOULD REFERENCE THE PERFORMANCE EVALUATION SCALE ON PAGE 2.

DEAN'S INSTRUCTION:

APPROVED Base Salary Percent Adjustment: _____%

APPROVED Base Salary Dollar Adjustment: \$_____

Dean Signature: _____ Date: _____