

FACULTY SENATE

CALL MEETING OF THE FACULTY SENATE, MONDAY, MAY 5, 1980, 1:30 P.M., NURSING 101*

- I. Call to Order
- II. Roll Call
- III. Special Order of the Day
 - A. Announcements
 - B. A petition containing the names of 21 elected members of the Faculty Senate has been received requesting a Call Meeting of the Senate to consider the Memorandum of the Vice Chancellor for Academic Affairs dated April 21, 1980, to the Deans and Directors, inviting their evaluation of faculty members for salary increases. (See Attachment)
- IV. Adjournment

*Note location of meeting.

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Office of the Vice Chancellor
for Academic Affairs

MEMORANDUM

TO: Deans and Directors
FROM: Robert H. Maier
DATE: April 21, 1980

We are rapidly approaching the time for considering salary increases for 1980-81 on the basis of legislative action later this year. Since many people will be away from the campus during the summer, I do not want to wait until the summer to receive your recommendations for the amount of contemplated salary increases which would be meritorious.

I would like you to submit for each faculty member an evaluation using the attached form and the following rating system for each category (teaching, research/creative activity, service) and for the inclusive rating (all categories): Please do not use ratings beyond tenths, e.g.--2.9 but not 2.95.

- 5 - Outstanding
- 4 - Very good
- 3 - Good (average)
- 2 - Adequate
- 1 - Weak

I will assimilate your individual ratings with my own and when the salary package is approved for the University I will assign dollar amounts to the final rating and transmit my recommendations to the Chancellor for his consideration.

The evaluation of faculty members for salary purposes is extremely important and the quality of the response made on the attached format is very significant. Please take time to be comprehensive and objective. I can assure all that these individual recommendations will be closely scrutinized. Please do not "over-rate." In a population there is a natural distribution range.

RHM/1h

Attachments

Format for ECU Faculty Salary Recommendations, 1980-81

Please submit by May 15, 1980, to the Office of the Vice Chancellor for Academic Affairs. Evaluation based on performance during 1979-80.

Faculty/Staff Member Name _____
 Department _____
 College/School/Division _____
 BD 119 Position Number _____

Teaching: Teaching Rating 1 - 5 _____

Include the evaluation of classroom teaching and methods used to evaluate; attach any evidences of student, alumni, and peer evaluation questionnaires; extent and quality of student academic advising and method or source of evaluation; participation on graduate thesis committees, etc.

Research/Creative Activity: Research/Creative Activity Rating 1 - 5 _____

Include number and kinds of refereed and non-refereed publications (indicate which); grants submitted and awarded; exhibitions juried, invitational, or volunteered (state which), and origin of evaluation; compositions and books published; theses completed under the faculty member's direction; consultancies; conducting; playwriting and directing, individual performances in the performing arts; invitational lecture-ships and speeches; jurying exhibitions and performances, etc.

Service: Service Rating 1 - 5 _____

Include institutional and community service. What has the person contributed (quality and quantity) to making ECU a more effective institution and/or the community a more effective place in which to live and work? What is the person's contribution (quality and quantity) to institutional committees; to faculty governance; to the campus planning activities (indicate sources of evaluation); also, include conducting workshops and academic fairs; service on state, regional, and national committees, etc.

Inclusive Rating: Inclusive Rating 1 - 5 _____

This rating is not to be an average of the previous three ratings but should represent your overall impression of the individual.

Ratings: 5 - Outstanding; 4 - Very Good;
3 - Good (average); 2 - Adequate;
1 - Weak

Other Comments on the Individual You Would Like to Make:

Name of Person Completing Above Evaluation:

_____ Date _____

Approved and Submitted By: _____

_____ Date _____