OPERATING POLICY AND PROCEDURE

SON OP: 20.120 Part-Time Faculty Appointment and Evaluation

PURPOSE: To provide guidance to faculty and administrators about the procedure to follow in the appointment and evaluation of part-time faculty.

REVIEW: This section of the handbook shall be reviewed by the Dean, Coordinating Council, and Professional Development Council by September 1st on odd-numbered years.

POLICY/PROCEDURE

1. Initial Appointment
   The role and expectations of the faculty should be discussed and agreed upon by department chair and faculty member.
   a. Associate Dean/Department Chair identifies programmatic needs.
   b. Interviews potential part-time faculty.
   c. Dean and Associate Dean/Department Chair(s) determine rank and salary.
   d. Send notification and curriculum vitae of faculty offered position to Professional Development Council.
   e. Dean’s Office keeps list of active part-time faculty and updates Professional Development Council quarterly.
   f. Role and expectations are provided to faculty by chair.
   g. The Chair reserves the right to waive the requirement for BLS certification if the part-time faculty is assigned a non-clinical course.

2. Evaluation
   Part-time faculty should be reviewed annually by the Associate Dean / Department Chair only. The review should be focused on teaching responsibilities at the time of hire.
   a. Annual review is based on meeting of role and expectations and the quality of the work.
TTUHSC SCHOOL OF NURSING

Part-time Faculty Evaluation Procedure

Name: ____________________________ Rank: ____________________________

Evaluation Period: ____________________________ Track: ____________________________

Date of last in-depth evaluation: _____________

Faculty-identified goals and how achieved:

Education:

Service:

Practice:

Research:

**Summation:**
1. Exceeds expectations
2. Meets expectations
3. Minimally meets expectations
4. Does not meet expectations

**Recommendations:**
1. High Merit
2. Merit
3. Minimal Merit
4. No Merit

__________________________
Faculty Member
Date

__________________________
Associate Dean/Regional Dean
Date

__________________________
Dean
Date

Developed: PSYW/HC: bf 8-94
Revised: Faculty Affairs Committee: sh 02-20-01
Adopted by GFM 03-19-01
Reviewed: FAC: do 7-15-13
Revised: PDC/Jlt: 11/17/14