11-30-2006

SR-06-07-05 FECRAHC

Marshall University

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Recommends that faculty members receive a copy of their final Overall Composite Rating (OCR) calculated score with corresponding signatures (faculty member, chair, and dean) by the date the document is forwarded to the office of the Provost. Should any changes in the faculty member’s OCR calculated score occur beyond that time period at any subsequent review levels, written documentation will be returned to the faculty member within 10 business days after the change. No change in any faculty members OCR calculated score may occur after the final day of the Spring semester of the academic year in which the document was completed.

RATIONALE:

Based on a survey conducted by the committee, a significant percentage (greater than 35%) of the responding faculty indicated that they were unaware of their final Overall Composite Rating (OCR) calculated score for the most recent evaluation period or whether changes were made to their score after completion of the evaluation document. This recommended action will permit the faculty members to become aware of any changes in their OCR score as originally calculated.

FACULTY SENATE CHAIR:

APPROVED BY THE FACULTY SENATE: [Signature] DATE: 11/30/2006

DISAPPROVED BY THE FACULTY SENATE: [Signature] DATE: [Signature]

UNIVERSITY PRESIDENT:

APPROVED: [Signature] DATE: 1/22/07

DISAPPROVED: [Signature] DATE: [Signature]

COMMENTS: ____________________________

____________________________

____________________________
**Annual Review**

**Overall Composite Rating calculation at year end**

The following calculations are based on performance from January ____ to December ____. Ratings are derived from a number of sources using various documentation and data gathering methods such as interviews, questionnaires and observations to calculate the OCR, and to compare performance against goals.

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<th>Component</th>
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Overall Composite Rating (OCR) - sum of weight composite

4 = Exemplary
3 = Professional
2 = Needs Improvement
1 = Unacceptable

Faculty member signature ________________ date ________________

Supervisor signature ________________ date ________________

Dean's signature ________________ date ________________

College name: ____________________________

Optional comments to explain unusual or extenuating circumstances: