(1102-2020) COAS Chair's Evaluation

**NOTE: You will be signed out of Faculty180 after 60 minutes of inactivity for security reasons. Please save your work accordingly.**It is recommended to prepare your evaluation narratives in a [Word document version of the form](https://www.boisestate.edu/academics-deptchairs/faculty180/faculty-resources/annual-evaluation-forms/) before entering it into this evaluation form. If you will be away from your desk for an extended time, place a character/number in any/all required fields and save your work so as not to lose it. **New as of CY 2020**: Past calendar year's semester workloads and current spring workload is now entered in the new **Workload** section under "Activities". Only the past CY workload will appear in the annual activity report.

**ALSO NOTE:** **Do not** hit the 'Evaluate' button while you have an evaluation form opened, even if it's minimized. This will reload the form, and you will lose any unsaved progress.

Instructions

Department chairs/supervisors, use this evaluation form to complete the following:

1. Confirmation of last year's workload figures (upon final submission of form)
2. Merit assessment
3. Planned workload for upcoming semesters

AEvaluation Period

|  |  |
| --- | --- |
| **Past Calendar Year\*** |                                                                                                                                                  |

BFaculty FTE

Please confirm faculty member's FTE for the past calendar year.

|  |  |
| --- | --- |
| **Faculty FTE (past calendar year)\*** |  |

CPast Calendar Year's Workload Confirmation

In the field below, check the box to confirm that the past calendar year's workload percentages in the \*Workload\* section of the faculty member's account are reviewed, accurate and approved.

|  |  |
| --- | --- |
| **Supervisor Past Calendar Year Workload Approved?\*** |  Pending Yes |

DMerit Ratings and Narratives for the Past Calendar Year

|  |  |
| --- | --- |
| **Teaching Rating** |  |
| **Teaching Narrative** |  11pt 0 WORDS |
| **Research/Creative Activities Rating** |  |
| **Research/Creative Activities Narrative** |  11pt 0 WORDS |
| **Service Rating** |  |
| **Service Narrative** |  11pt 0 WORDS |
| **Administration Rating** |  |
| **Administration Narrative** |  11pt 0 WORDS |
| **Chair's Overall Rating** |  |
| **Chair's Overall Narrative** |  11pt 0 WORDS |

EPlanned Workload for Fall (next academic year)

Workload distribution should total 50% for each semester. (Standard default percentages are shown.) The percentages entered here should reflect the planned distribution of work for the upcoming fall.

|  |  |
| --- | --- |
| **Current Fall Calendar Year\*** |                                                                                                                                                  |
| **Teaching % (next Fall)\*** |  |
| **Research/Creative Activities % (next Fall)\*** |  |
| **Service % (next Fall)\*** |  |
| **Administration % (next Fall)\*** |  |
| **Leave/Offset % (next Fall)\*** |  |

FPlanned Workload for Spring (next academic year)

Workload distribution should total 50% for each semester. (Standard default percentages are shown.) The percentages entered here should reflect the planned distribution of work for next spring.

|  |  |
| --- | --- |
| **Next Spring Calendar Year\*** |                                                                                                                                                  |
| **Teaching % (next Spring)\*** |  |
| **Research/Creative Activities % (next Spring)\*** |  |
| **Service % (next Spring)\*** |  |
| **Administration % (next Spring)\*** |  |
| **Leave/Offset % (next Spring)\*** |  |

GFaculty - Chair Performance Evaluation Meeting

|  |  |
| --- | --- |
| **Has chair met with faculty member to discuss this Performance Evaluation?\*** |  Yes, we met No, faculty declined a meeting No, faculty requested meeting not yet held No, both Chair and faculty agreed a face-to-face meeting was not necessary |
| **If meeting occurred, please enter date of meeting.** |  |

HChair E-Signature

Please enter the date when you complete this form. You may make further changes until you SUBMIT this from the Evaluation Menu.

|  |  |
| --- | --- |
| **Full Name\*** |  |
| **Date Completed\*** |  |