

LSU Agricultural Center

PROMOTION/TENURE REVIEW REQUEST

**Refer to PS-42 for Complete Instructions**

The following documents, in the order provided, should be included in the P&T package submitted to the HRM Office.

1. P&T cover page – if possible, this should be the original page that was forwarded to HRM in July, annotated by HRM, and returned to the faculty member.
2. Pages 2-5 of the P&T form, completed through the unit head (department head/regional director or equivalent) review step.
3. Job description.
4. Faculty member documentation in the order it is listed in PS-42, Appendix A. It is suggested that divider pages be included between major sections. It is preferred that this simply be a white sheet of paper showing the section heading.
5. External reviewer letters.

Other items to note:

1. Note to units - please mark the original in some manner.
2. Regarding requests for faculty members who hold a joint appointment with another campus:
  - a. the campus with the primary appointment should receive the original.
  - b. both campuses must be sent copies of the request (each campus specifies the number of copies they need).
3. P&T packages should be neat, well-organized and free from typographical errors.
4. P&T packages should **not** include copies of prior unit head performance evaluations.

**THE LOUISIANA STATE UNIVERSITY SYSTEM  
 LSU Agricultural Center Campus  
 PROMOTION/TENURE REVIEW REQUEST**

Administrative Use Only:

ID: \_\_\_\_\_  
 Joint? Y N Other% \_\_\_\_\_  
 AgCenter% \_\_\_\_\_ A&M% \_\_\_\_\_

NAME \_\_\_\_\_

Division:  La. Coop. Extn. Service  La. Agric. Exp. Stn.  Also joint with College of Ag, LSU and A&M  
 Other \_\_\_\_\_

Dept./Region/Unit \_\_\_\_\_ Parish/Station (if applic.) \_\_\_\_\_

Present Rank/Title:  Assistant Professor  Associate Professor  Assistant Agent  Associate Agent  
 Other \_\_\_\_\_

Present Appointment Status: [  ] Tenured [  ] Term(non-tenured) Years of Service (as of July 1, 2009):

Date Appointed to AgCenter \_\_\_\_\_ Years in LSU System \_\_\_\_\_

Date Appointed to Present Rank \_\_\_\_\_ Years in Present Rank \_\_\_\_\_

Pay Basis:  Fiscal Year-12 mos.  Fiscal Year-9 mos. Years Elsewhere \_\_\_\_\_  
 Academic Year-9 mos.  Other \_\_\_\_\_

Graduate Faculty Status:  Member  Associate  None  Not applicable

REQUESTED ACTION: Effective Date JULY 1, 2010

Promotion to rank of:  Associate Professor  Professor  Associate Agent  Agent  
 Tenure  Other \_\_\_\_\_  
 Tenure only

Education:	Institution	Degree	Date Awarded

**For Extension positions:**  
 Required Extension Courses Complete?  
 YES  NO  
 Graduate Courses Complete (15 hrs or masters)?  
 YES  NO  
*See PS-42 for details.*

Professional Experience (include LSU System experience):

Institution/Employer	Rank	Period of Appointment

Signature indicates intention to submit P&T request shown above.

Faculty Member SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**EVALUATION BY FACULTY (Refer to AgCenter PS-42 for requirements, eligibility, and procedures for voting faculty.)** The individual's qualifications should be evaluated based on his/her assigned job responsibilities as per other applicable policy statements, evaluation documents, and job descriptions. As appropriate based on those assigned job responsibilities, the following areas should be considered for each reviewing authority to make a valid and discriminating judgment. (1) instructional ability; (2) research scholarship and accomplishments; (3) extension scholarship and accomplishments; (4) participation in unit, regional, and campus activities, as appropriate; and (5) service.

Current distribution of academic staff within the parish/station/department:

Professor\_\_\_\_; Associate Professor\_\_\_\_; Assistant Professor\_\_\_\_; Instructor\_\_\_\_

Agent\_\_\_\_; Associate Agent\_\_\_\_; Assistant Agent\_\_\_\_

*Were AgCenter faculty member(s) from outside the unit added to the review process to provide for review by at least five higher-ranking faculty? Yes\_\_\_\_; No\_\_\_\_*

*Was it necessary to add to the review process an AgCenter faculty member from outside the unit to provide for review by at least one higher-ranking faculty member with the same program assignment (50% or more 4-H, FCS or Agriculture)? Yes\_\_\_\_; No\_\_\_\_*

**The vote of the faculty on the proposed action:**

____ Favorable	____ Opposed	____ Abstained	____ Absent
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CANDIDATE \_\_\_\_\_

Promotion/Tenure Form

**EVALUATION BY PARISH CHAIR/RESIDENT COORDINATOR (if applicable)**

Recommended

Not Recommended

\_\_\_\_\_  
Parish Chair/Resident Coordinator

\_\_\_\_\_  
Date

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**EVALUATION BY UNIT HEAD/REGIONAL DIRECTOR**

*Completion of this statement is optional:* The proposed action is ranked \_\_\_\_\_ out of \_\_\_\_\_ within the unit.

Recommended

Not Recommended

\_\_\_\_\_  
Department Head/Regional Director

\_\_\_\_\_  
Date

CANDIDATE \_\_\_\_\_

Promotion/Tenure Form

OTHER REQUIRED EVALUATIONS (i.e., department/region/college/unit/division):

\_\_\_\_\_  
Name Title Unit/Division

[ ]Recommended [ ]Not Recommended \_\_\_\_\_  
Signature Date

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EVALUATION BY CAMPUS REVIEW COMMITTEES

CAMPUS FACULTY REVIEW COMMITTEE  
The vote of the faculty on the proposed action:

___ Favorable	___ Opposed	___ Abstained	___ Absent
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\_\_\_\_\_  
Recorded by – Print Name Signature Date

CAMPUS UNIT HEAD REVIEW COMMITTEE  
The vote of the unit heads on the proposed action:

___ Favorable	___ Opposed	___ Abstained	___ Absent
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\_\_\_\_\_  
Recorded by – Print Name Signature Date

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EVALUATION BY VICE CHANCELLOR

The proposed action is ranked \_\_\_\_\_ out of \_\_\_\_\_ within the division.

[ ]Recommended  
[ ]Not Recommended \_\_\_\_\_  
Vice Chancellor Date

CANDIDATE \_\_\_\_\_

Promotion/Tenure Form

CAMPUS ACTION

[ ]Recommended

[ ]Not Recommended

\_\_\_\_\_  
Chancellor

\_\_\_\_\_  
Date

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SPLIT-APPOINTMENT CAMPUS ACTION:

A. Evaluation by Campus Review Committee or Other Official:

Reviewers

	1	2	3	4	5
A	!	!	!	!	!
B	!	!	!	!	!
C	!	!	!	!	!
D	!	!	!	!	!
E	!	!	!	!	!

B. Action recommended by other campus review official: [ ]Recommended [ ]Not Recommended

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

C. Other campus recommendations:

[ ]Recommended

[ ]Not Recommended

\_\_\_\_\_  
Vice Chancellor & Provost

\_\_\_\_\_  
Date

[ ]Recommended

[ ]Not Recommended

\_\_\_\_\_  
Chancellor

\_\_\_\_\_  
Date

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LSU SYSTEM ACTION:

[ ]Recommended

[ ]Not Recommended

\_\_\_\_\_  
Vice President for Academic Affairs

\_\_\_\_\_  
Date

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[ ]Recommended

[ ]Not Recommended

\_\_\_\_\_  
President

\_\_\_\_\_  
Date

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BOARD ACTION: