

Review Initiator's Letter of Recommendation

Period Covered: _____ Date: _____

Candidate's Name

Current Rank and Step or Salary Point and Salary

I. Recommended Action*

____ Career Status Review

____ Career Status Recommended

____ Career Status Not Recommended

____ Off Cycle Review (management initiated)

____ Standard Merit Increase to Salary Point ____ Salary \$ _____

____ Greater than Standard Merit Increase to Salary Point ____ Salary \$ _____

____ Standard Promotion to Rank _____ and Salary Point ____ Salary \$ _____

____ Greater than Standard Promotion to Rank _____ and Salary Point _____
Salary \$ _____

____ No Action Neutral (top of salary point for Associate Librarian or Librarian)

____ No Action with Salary Increase (less than positive review) Salary Point _____
Salary \$ _____

____ No Action with No Salary Increase (less than positive review)

____ Termination

II. Professional Competence and Quality of Service Within the Library for the Period Under Review. (See MOU 4.C.2.a for a description of this criterion. You may wish to distinguish between activities that are covered by the candidate's Statements of Responsibility and those that are not.)

III. Professional Activities, Service and Research outside the Library for the Period Under Review. (See MOU 4.C.2.b-d for a description of these criteria.)

IV. Summary Statement.*

Signature of Review Initiator

Date

Candidate's Response:

_____ I concur with the recommended action.

_____ I do not concur

_____ with the language of the letter of recommendation

_____ with the recommended action

_____ statement will follow

Signature of Candidate

Date

- * Promotion, RI initiated off-cycle, and greater-than-minimum salary point recommendations must indicate what is expected for normal advancement and also explain how the candidate's record justifies the requested action.

It is incumbent on the person requesting the action to make a clear case for the exceptional circumstances that justify the requested action. Clearly stating the reasons for the action per the guidance above in the body of the review is expected as is a summary of the reasons for the requested action in the Summary Statement.

Documentation Checklist and Certification Statement (MOU 5.J.)

This form is to be completed and signed by the Candidate when reviewing her/his MIV file prior to signing the MIV Candidate Disclosure Certificate.

Documentation Checklist

The non-confidential documents listed below may be included in the Candidate’s review file. The Candidate shall review their MIV file, and verify completeness of their file by initialing next to each document that is present in the file. Please contact Library Administration if any listed documents should be in the file but are not.

	Required Document
Recommended Action form	Yes
Review Initiator's Letter of Recommendation	Yes
Contributing letter(s) from Supervisors/Leads	Yes, if applicable
Department Head Letter	No
Candidate's Response to Department Head letter	No
Director Letter	No
Candidate's Response to Director letter	No
Candidate’s Response to Review	No
Documentation Checklist and Certification Statement *	Yes
Redacted Letters of Reference	Yes, if letters are solicited
Reference Solicitation Form	Yes
Disqualification Statement Form	Yes
Supervisor/Lead Comment Solicitation Form	Yes
Personal Statement	No
Statement(s) of Responsibilities	Yes
Annual Supplement Information (data entry into MIV)	Yes
Exhibits (NOT IN MIV - routed in paper only)	No

*This form will be uploaded into MIV prior to the Candidate signing the MIV Candidate Disclosure Certificate.

I hereby certify that the documents I have indicated above are included in my review file.

Signature of Candidate

Date

Certification Statement

I hereby certify that the procedures as described in MOU Article 5.A-I, “Personnel Review Action Procedure” have been followed.

Signature of Candidate

Date

Reference Solicitation Form Instructions

Candidate Instructions:

1. This form must be submitted, whether or not you are requesting that references are being solicited.
2. Provide accurate names, mailing addresses and email addresses for each reference. This information will not be verified by Library Administration prior to sending letters.
3. Provide a brief, but descriptive sentence or two of the information to be sought.
From CAPA Best Practices:
Your reference solicitation form should include a specific rationale for request. It is in your best interest to clearly state what you would like the referee to comment on since the language that comes forward from your review administrator to Administration will be copied directly into the request letter sent to the referee. Rather than simply writing "committee work" on your Reference Solicitation Form, it is better to state "Mr. X can comment on the quality and impact of my work on the ABC Committee, particularly in regards to the research I provided on the history of XYZ which was used in the Committee's final report."
4. Sign and date the form.
5. Submit completed form to your Review Initiator along with your Disqualification Statement Form.
6. Send an electronic version of the form to your Review Initiator.
From CAPA Best Practices:
You may append an electronic version of this form to submit to your review initiator, and it is a best practice to send the RI an electronic version for easy cutting/pasting into letters.

Review Initiator Instructions:

1. Review candidate's Reference Solicitation Form, ensure that all necessary boxes are checked and signature/date obtained.
2. Review requests for letters, recommend other names if appropriate, select a representative sample from the existing names for reference solicitation.
3. Provide a signed cover letter to include:
 - instructions concerning the additions and deletions
 - content to be solicited
 - what advancement action is being considered (merit, promotion, out-of-cycle, holding step, abbreviated review, etc.) It is not necessary to include salary points at this stage.
4. If the candidate does not supply a cut/paste ready sentences in their reference form, this will need to be included in the cover letter.
5. Send signed cover letter and signed reference solicitation form, along with the signed Disqualification Statement Form, to Library Administration.
6. Send electronic version of cover letter and the candidate's Reference Solicitation Form to Library Administration.

Candidate: _____

(print or type name)

Reference Solicitation Form

Letters of Reference for Inclusion in the Review Packet

____ I do not wish to suggest the names of references at this time.

____ I request that the following person(s) be contacted to secure their comments concerning my performance over the period under review.

Name	
Mailing Address	
Email Address	
Brief description of information to be sought:	

Name	
Mailing Address	
Email Address	
Brief description of information to be sought:	

Name	
Mailing Address	
Email Address	
Brief description of information to be sought:	

Name	
Mailing Address	
Email Address	
Brief description of information to be sought:	

Candidate's signature

Date

Additional sheets may be attached utilizing this format (copy and paste section to retain form functionality).

Disqualification Statement Form Instructions

A candidate may request that an individual or individuals who she/he believes might not provide an objective assessment of her/his qualifications or performance be disqualified from participating in the review process. All parties involved recognize the confidentiality of the disqualification request. All Disqualification Statement Forms, those with individuals suggested for disqualification and those without, are placed in the review packets and are to remain with the review packets at every stage of the review process.

Candidate Instructions:

1. This form must be submitted, whether or not you are requesting any disqualifications.
2. Use one form for each individual to be considered for disqualification.
2. Provide a substantive rationale, and supporting documentation if you wish, for each individual to be considered for disqualification. The form(s) will route with the review file, the supporting documentation will not route with the review file.
3. Sign and date the form(s).
4. Submit completed form(s) to your Review Initiator along with your Reference Solicitation Form.

Review Initiator Instructions:

1. Review candidate's form, ensure that all necessary boxes are checked and signature/date obtained.
2. If no disqualification has been requested, send signed Disqualification Statement Form, along with signed Reference Solicitation Form, to Library Administration,
3. If disqualification has been requested, forward form to the University Librarian, via Library Administration, for approval or disapproval.

University Librarian Instructions:

1. Approve or deny request, or forward to Vice Provost-Academic Affairs for final decision.
2. In cases where a member of the Academic Federation Personnel Committee is challenged, the Vice Provost reviews the Request and determines whether the Request for Disqualification has sufficient merit to justify further consideration by the Academic Federation. In such cases, the Vice Provost shall forward the Disqualification Request to the Chair of the Academic Federation who will communicate with the AF Personnel Committee regarding the Request. The Office of the Vice Provost – Academic Affairs will inform the University Librarian regarding the Request.
2. University Librarian will return the finalized form to AUL for Administrative Services who will inform candidate and review initiator of the final decision by returning a copy of the final form.

Outcome:

- If the request is approved, challenged referee(s) will not be allowed to participate in the review process.
- If the request is denied, challenged referee(s) will be allowed to participate in the review process.

Candidate: _____
(print or type name)

Disqualification Statement Form

___ I do not wish to disqualify anyone from participating in my current review process

___ I request that the following individual be disqualified from participating in my current review process.
Please use a separate form for each individual. This form will route with the review packet.

___ I have attached supporting documentation. I understand these documents are for review by the deciding officer, but will not be routed with the review packet.

Name:

Address:

Reason for disqualification:
(use additional sheets, if necessary)

Librarian's signature

Date

___ *Disqualification Request Approved*

___ *Disqualification Request Denied*

Decision made by: ___ *University Librarian*

___ *Vice Provost-Academic Affairs*

Deciding Officer's signature

Date

Supervisor/Lead Comment Solicitation Form Instructions

Personnel who have supervised/lead the candidate during the review period shall be invited to comment on those aspects of the candidate's activities that they supervised. (MOU5.E annotation) These comments are not confidential and will be provided to the candidate.

Candidate Instructions:

1. This form must be submitted, whether or not you had any supervisors/leads other than your Review Initiator during the review period.
2. Sign and date the form.
3. Submit completed form to your Review Initiator.

Review Initiator Instructions:

1. Review candidate's Reference Solicitation Form, ensure that all necessary boxes are checked and signature/date obtained and that all supervisors/leads have been documented.
2. Send requests to all supervisors/leads with a request for written, non-confidential comments for the review period.
3. Provide copies of all comments received to candidate.
4. Submit original comments along with Review Initiator's Letter of Recommendation for packet. These are not to be numbered/identified as exhibits or attachments in the manner of confidential letters of reference.

Candidate: _____
(print or type name)

Supervisor/Lead Comment Solicitation Form

____ The personnel below were in a supervisory/lead capacity during my review period.

____ There were no supervisors/leads beyond my Review Initiator during my review period.

Name	
Brief description of information to be sought:	

Name	
Brief description of information to be sought:	

Name	
Brief description of information to be sought:	

Name	
Brief description of information to be sought:	

Candidate's signature

Date

Additional sheets may be attached utilizing this format (copy and paste section to retain form functionality).

To be Completed by Review Initiator prior to submission to Library Administration

The supervisors/leads listed above have been contacted with a request to provide comments for the candidate's review.

_____ Date contacted

Review Initiator's signature

Date

Interim Review Procedures for Represented Appointees in the Librarian Series

In non-salary action years, Assistant librarians and librarians who have not achieved Career Status shall have an interim review. Those who have achieved Career Status have the option to waive the interim review. Review Initiators may also require an interim review at their discretion. The interim review provides an opportunity for discussion and appraisal of one's performance including the opportunity for the Review Initiator to identify areas in which improvement can occur while there is still time for such improvements to take place. Interim reviews are not submitted to peer review bodies.

Responsibility

Action

Review Initiator and Librarian

Review and update, if necessary, the **Statement of Responsibilities**. If current, it will be initialed and dated by both. Sign and date the Interim Review Certification Statement.

Librarian

Librarian shall provide documentation that will act as evidence to support the same evaluation criteria as used in a merit review (see MOU Article 4.C.2.a-d).

As appropriate, submits exhibits for Review Initiator to review.
Option: Provides Review Initiator with brief written, or oral, highlights of accomplishments.

May complete **Reference Solicitation Form**. If letters are to be solicited, provides names and exact mailing addresses and specific statements on information to be sought. The Library Administrative Office will issue all reference letter requests. If letters are to be requested, the **Disqualification Statement Form** may be completed. If this form is being used, a substantive rationale for each disqualification must be stipulated. Provides Review Initiator with a copy for transmittal to the UL.

Review Initiator

Reviews exhibits submitted by the candidate. Notifies the candidate if there are confidential letters. Advises candidate s/he may request redacted copies of confidential letters. If requested, redacted copies are presented to the candidate prior to the signing of the interim evaluation.

Holds an evaluation conference with the candidate and prepares a written summary by using the form: **Interim Evaluation Review Summary**. This summary shall include an assessment and, as applicable, mention of significant achievement and areas in which improvement is needed.

Librarian	If the candidate does not concur with the interim evaluation, s/he will provide a written statement of disagreement, which will be appended to the packet.
Review Initiator and Librarian	Sign final copy of the review.
Review Initiator	Provides the candidate with a copy of all materials OTHER THAN CONFIDENTIAL ITEMS and sends the original, via the Library Administrative Office for review by the appropriate Director and UL. The evaluation will then be filed in the Library Administrative Office in the librarian's personnel file.

Interim Review Certification Statement

Please check the statement that best applies to you:

- I am required to have an interim review:
 - I am an Assistant Librarian
 - I have not achieved Career Status
 - I have requested deferral of a Merit Review

- I am requesting an optional interim review.

- My Review Initiator is requesting an interim review.

Librarian Signature

Date

Review Initiator Signature

Date

Interim Evaluation Review Summary

Period Covered: _____ Date: _____

Name

Position

Signature of Review Initiator

Date

Librarian's Response:

I have discussed this interim evaluation with the Review Initiator.

_____ I concur with the evaluation.

_____ I do not concur with the evaluation. Statement will follow.

Signature of Librarian

Date

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Calendar For Interim Reviews
(dates approximate and will be adjusted to fit each year's calendar)

The calendar shall be adhered to by all parties. Deadlines may be extended upon the mutual agreement of the parties.

Deadlines	Responsibility	Action
On or before July 1	Library Administrative Office	Issues the CALL and the CALENDAR to each librarian.
	Review Initiator	Confers with the candidate about the impending Interim review process.
July 5	Librarian	Any librarian who is not automatically scheduled for a merit review during the current review period but who wishes to be reviewed should so inform his/her Department Head or Review Initiator. Candidates who wish to request a deferral of the scheduled review should submit that request to the Review Initiator. If continuing with Interim Review, use this calendar.
August 1	Review Initiator and Librarian	Review and update the Statement of Responsibilities. Sign and date the Interim Review Certification Statement.
August 1	Librarian	Submits forms/information to Review Initiator.
August 6	Review Initiator	If applicable, submits candidate's Reference Solicitation Form and Disqualification Statement Form with cover letter to Library Administration.
October 15	Review Initiator and Librarian	Review initiator provides librarian with a draft of the review along with redacted copies on any confidential letters by this date. Librarian shall have at least one working day to review the draft recommendation. Then librarian and review initiator will meet to discuss the draft.
October 21	Review Initiator and Librarian	Review initiator provides the librarian with a copy of the final recommendation to be signed.
October 28	Librarian	Provides a statement of nonconurrence if desired. It will be added to the file.
November 1	Review Initiator	Submits completed Interim Review packet to Library Administration.