

# REQUIRED PAPERWORK FOR SMD FACULTY PERSONNEL ACTIONS

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#### **General Information**

#### Office for Academic Affairs Team

#### Judith F. Baumhauer, MD, MPH, Vice Deanfor Academic Affairs (VDAA)

Judy Baumhauer@urmc.rochester.edu / 585-275-3030

#### Tammy Michielsen, Director

Provide leadership and support for academic affairs, serving as liaison to University-wide offices, advising on policy and procedures governed by the SMD Regulations of the Faculty and the University Faculty Handbook. Tammy michielsen@urmc.rochester.edu / 585-275-3030

#### Lori McBride, Senior Faculty Affairs Administrator

Administrative team lead for the appointment, reappointment and promotion process for junior faculty levels, faculty leave of absence, faculty search postings, recruitment forms, and offer letters for all faculty ranks. Lori McBride@urmc.rochester.edu / 585-275-2747

#### Grace Kane, Faculty Affairs Administrator II

Appointments, reappointments and promotions at senior faculty levels; primary contact for activities of the MEDSAC Steering committee; Promotions and Reappointment Manager (PRM) processes and document review

Grace Kane@urmc.rochester.edu / 585-275-3509

#### Kelly Chandler, Faculty Affairs Administrator II

Faculty Professionalism Council liaison, manage faculty professionalism incident reporting. Review and processing of voluntary junior faculty appointments, facilitate conflict of interest survey and faculty annual reviews, review and process faculty offer letters, process named professorship appointments. <a href="mailto:Kelly\_Chandler@urmc.rochester.edu">Kelly\_Chandler@urmc.rochester.edu</a> / 585-273-2564

#### JoEllen Gilfus, Administrative Coordinator III

Support administrative needs of the Office of Academic Affairs, primary support for the Vice Dean for Academic Affairs, coordinate and schedule MEDSAC Steering Committee meetings, Provost and Board of Trustee actions, SMD Faculty Council and events for the Office of Academic Affairs. Facilitate web page edits.

JoEllen Gilfus@urmc.rochester.edu / 585-275-6321

#### Britney Swanger, Administrative Coordinator III

Support administrative needs of the Office of Academic Affairs, primary support for Administrative Director. Triage and route incoming faculty appointment paperwork for the OAA team, coordinate faculty orientation, professional service reappointment review, web site updates and edits. Review faculty postings and recruitment forms for approval.

Britney Swanger@urmc.rochester.edu 585-275-3030

#### Office for Academic Affairs – Important Links and Information

| Academic Affairs Homepage: http://oaa.urmc.edu   |
|--|
| SMD Regulations of the Faculty: SMD Regulations of the Faculty (revisedOctober2017)  |
| UR Faculty Handbook:   |
| <u>http://www.rochester.edu/provost/assets/PDFs/Faculty_handbook.pdf</u> (updated October 2021)  |
| <u>Faculty Roster</u> – Developed and managed by OAA, Faculty Roster is a comprehensive database of facultyappointment information in the School of Medicine & Dentistry. Faculty Roster is used totrack and manage all faculty appointments. Contact TammyMichielsen or Lori McBridefor access. |
| <u>UR Faculty</u> – Faculty Information System (Powered by Interfolio). A University project with the goal to increase operational efficiencies and data processing, The first of four modulesinitiated  |

□ Recruitment Form: Recruitment forms are required for all full-time or paid part-time faculty (0.5 FTE or greater) positions. The Faculty Recruitment Form is continually revised and updated to reflect current financial data; please ensure you download the current version from the OAA website. Job postings may be processed independently of the recruitment form so the position may be posted to FIS/UR Faculty to begin the mandatory 30-day posting period. See Recruitment Form and Offer Letter Process for details.

in June 2023, Faculty Search, to facilitate Faculty Postings and Recruitment. Additional modules will

be added later 2023 into 2024.

- Offer Letters: All offer letters for paid faculty [full-time (1FTE) and part-time (0.5FTE orgreater)], and TAR(.49 FTE or less) *regardless of rank*.
- Require the signatures of the Department Chair (and Center Director, when applicable) <u>and</u> the Dean of the School of Medicine and Dentistry and must utilize the <u>standard offer letter template and relevant standard terms and conditions document (see your Office of Counsel representative for this template and document).</u>
- All offer letters must be approved by the Office of Counsel prior to forwarding to Academic Affairs.
- All offer letters must come to the <u>Office of Academic Affairs</u> who will facilitate Dean review and signature.
- An approved recruitment form must be on file in Academic Affairs in order for an offer letter to be signed for all offer letters 0.5 FTE or greater.
- Offer letter templates are found in Box/ Offer Letter Materials one primary departmentstaff member who facilitate offer letters is granted access. Please be sure to notify the Office of Academic Affairs if/when there needs to be a change in access.

- Drug Screening: A drug screen is required for all new paid faculty (full-time, part-time, and TAR) and some visiting faculty, and anyone who requires a medical staff appointment. The drug screen is included as part of the initial credentialing process for the medical staff appointment. For those <u>not</u> requiring a new medical staff appointment, current voluntary faculty member that will now be paid by UR, departments should schedule the drug screening appointment with Employee Health as "research only". This stipulation is in the Standard Terms of Employment document that all new paid hires agree to when they sign their offer letter. It is the hiring department's responsibility to facilitate a drug screening appointment for incoming faculty.
- □ <u>I-9</u>: It is the responsibility of the hiring department to ensure that each candidate completes the I-9 prior to their start date. OAA will verify I-9 completion prior to approving a facultyappointment. Due to the highly confidential nature of the I-9, please <u>do not submit the I-9 or supporting documentation</u> to OAA.
- ☐ FacultyDemographicsForm: The form can be found at Appendix G; note this form is only for Dean's Office use and will not be forwarded to the HR Service Center.
- □ Intellectual Property Agreement Form(IPA): Signed, original IPA should be forwarded to the Office of Research & Project Administration (ORPA, Box 270140); a copy of the IPA should beincluded with original appointment packet as appropriate. Link to form (revised 11/2009): http://www.rochester.edu/orpa/assets/pdf/form\_ipa.pdf
- □ Explanation of Full-Time vs. Part-Time: Full-Time faculty are 1 FTE (full-time effort) and are entitled to full-time faculty benefits. Part-Time faculty are 0.5FTE 0.99FTE and are entitled to part-time faculty benefits.
- □ When dropping below 0.5 FTE, the faculty member's appointment must change to TAR(Time-as-reported). There are statutory limited benefits associated with the TAR rank by which the University must abide. An offerletteror contract is required for faculty changing from fullor part-time to a TAR status.
- OAA *may* make an exception tocoding a faculty member as TAR, the statutory limitation on benefits remains. Please contact OAA with any questions.
- □ Promotion and Reappointment Manager System (PRM): Initial Appointments, Promotions and Reappointments at Senior Faculty ranks should be submitted via PRM as noted in the relevant sections of the Required Paperwork. PRM should not be used for joint appointments, changes of status, or for faculty whose appointment has lapsed. If a faculty member's appointment has lapsed, action is possible only after the faculty member's appointment has been made current. Please contact Grace Kane withquestions.

- ☐ <u>Template Letters</u>: The OAA website sect<u>ion For Department Chairs, Center Directors, and Administrators, provides several template letters, including:</u>
- ☐ A template is available for each possible component combination as follows:
  - C-S-T (Clinical, Scholarship and Teaching)
  - C-T (Clinical and Teaching)
  - IS-CT (Institutional Scholarship and Clinical Teaching)
  - I-S-T (Institutional Scholarship and Teaching)
  - R-C-T (Research, Clinical and Teaching)
  - RT (Research and Teaching)
  - ST (Scholarship and Teaching)

## <u>TemplateforChair'sLetterRequestingRefereeLettersforPromotion/TenurePacketsTemplate</u> for Chair's Letter to the Dean's Office Proposing Promotion

- <u>Letters of Recommendation:</u> Letters of recommendation should be written by those at the same rank as the proposed rank, or higher. For example, for appointment, reappointment, or promotion to the rank of Associate Professor, Recommendations should generally be written by those at the rank of Associate Professor (and above). Any questions should be directed to the Office of Academic Affairs.
- All received letters of recommendation, regardless of content, must be included in the appropriate appointment, promotion, or reappointment packet. Departments may not choose and include only those letters they feel are the most complimentary.
- <u>Internal Referees</u>: Any faculty member with an appointment at the University of Rochester is considered "internal" this includes all faculty with a "voluntary" appointment and all faculty with appointments in any of the other Schools (Arts, Sciences, & Engineering, Eastman, Nursing, Simon, Warner).
- <u>Joint Faculty Appointments</u>: Per the <u>SMD Regulations of the Faculty</u>(pg.17), Faculty members may hold full- or part-time appointments in more than one department, ordinarily at the same rank as in the primary department. Joint appointments are functional and not honorific in nature. They are intended to benefit both the faculty member and joint department by enhancing collaboration in teaching, research, clinical programs, and in other activities of the joint department. Reminder that joint appointment end dates may not exceed the term of the primary appointment, and faculty with tenured primary appointments are limited to a three-year term in their secondary appointment(s).
- <u>Voluntary Faculty or Department Fellow Changing to Employed Status</u>: A Faculty Recruitment Form is required for any faculty member moving from a voluntary faculty or departmental fellow. position to a paid faculty position at part-time (0.5 FTE) or greater. When moving to a paid faculty position, a completed I-9, an Intellectual Property Agreement (IPA), and a Faculty Demographics Form are required, if not previously submitted.

- Reappointment of Assistant Professor: Reappointment of an Assistant Professor at the
  completion of the first appointment period requires a preceding departmental review of performance and
  of thefacultymember's contributions as related to specific activity components, i.e., Research,
  Scholarship, Institutional Scholarship, Clinical, and Teaching, which the department chair and faculty member
  may have previously selected or are prepared to select for their career development.
- Departmental review is considered one of the more important points in the academic career of junior faculty.

  Please see the following pages: 8-9 (SMD Regulations of the Faculty) and Appendix D. Do note this assessment letter becomes the faculty member's reappointment letter, and they will receive a copy of the letter after the Dean concurs withthereappointment.
- Secondary Faculty appointment for Trainees: For those in ACGME Accredited Fellowships, to be granted a secondary appointment as Instructor, a letter of approval is required from the Office of Compliance allowing the trainee to practice/bill for services outside the scope of the training program. Departments should upload required paperwork supporting the addition or reappointment of a secondary instructor appointment to Academic Affairs in Box so that the secondary appt can be reviewed appropriately.
- <u>Salary source(s)for Research Assistant Professors, Research Associate Professors, and Research Professors: Faculty in these ranks should not be paid 100% from a GR 5 (grant) account.</u>
- Terminations: All 510 forms terminating faculty appointments must be signed by the Chair or Center Director and routed to OAA for the signature of the Vice Dean for Academic Affairs. A letter of resignation is required for any faculty member at the level of Assistant Professor or higher. In the "remarks" section of the 510, please indicate the faculty member's new employer or future plans, if known. See page 27 of the Required Paperwork for further guidance. If the Chair chooses not to reappoint a faculty member, this must be first reviewed with the Vice Dean for Academic Affairs. Letters of non- reappointment should include appropriate notice and be vetted by the Office of Counsel and the Vice Dean for Academic Affairs prior tobeing presented to the faculty member. Please contact OAA to discuss process andrequirements.
- Other Common Issues: Please refer to the <u>SMD Regulations of the Faculty</u> for guidance on Policy & Procedures for Extending the "Academic Clock", Appointment length by faculty rank, Assistant Professor Appointment length, etc.
- <u>Vacation Payout</u>: Per the Chief Financial Officer of the UR Medical Center, there is <u>no pay out of unused</u> faculty vacationdays.
- <u>eCV</u>: All full-time and paid part-time faculty are required to have an eCV. New paid faculty are required to have their CVs in the eCV database within 30 days of hire. This is required because the faculty webbios on the URMC website are fed by the eCV. Please note that many faculty members may prefer to keep a Word document with their full CV; they are strongly encouraged to use the CV template found in the <u>SMD Regulations of the Faculty</u>, Appendix II.
- <u>MedicalStaffAppointment</u>:For new faculty requiring a Medical Staff appointment OAA will contact Medical Staff Services to ensure the "file is clear". AcademicAffairs will then proceed with the faculty appointment.
  - o Academic Affairs cannot proceed with the faculty appointment until this clearanceis received.

#### PROFESSOR, ASSOCIATE PROFESSOR\* and RESEARCH PROFESSOR

#### **INITIAL APPOINTMENT:**

Ad hoc committee review, MEDSAC Steering Committee approval, and Provost approval required for initial appointment. University Board of Trustees approval required for initial appointment with tenure.

<u>Associate Professor and Professor:</u> must be appointed on the basis of components (Research, or Scholarship, or Institutional Scholarship, and/or Clinical, <u>and Teaching</u>), national leadership and international reputation, independent funding (principal investigator), peer-reviewed publications (first/senior author), and invited national presentations. These appointments are typically fo<u>r fi</u>ve years or with tenure, if in tenurable components. Please see pages 9-12 in the <u>SMD Regulations of the Faculty</u> for details.

<u>Research Professor:</u> must be appointed on the basis of national leadership and international reputation, independent funding (principal investigator), peer-reviewed publications (first/senior author), and invited national presentations. Research Professors may be appointed for one to fiveyears.

#### PLEASE SUBMIT ITEMS 1 – 5 to OAA via BOX

- 1. Faculty Personnel Appointment Form(PAF 500) signed/counter signed by appropriate Department Chair(s)and/or Center Director(s). (Please note the HR Posting Number on the form). *Note: Research Professors should not be paid 100% from a GR5(grant)account.*
- 2. Original signed offerletter
- 3. Employment Eligibility Verification (I-9) form please ensure the candidate completes the I-9 prior to their start date. OAA will verify I-9 completion with HR. Do not submit the I-9 or supporting information to OAA.
- 4. Copy of Intellectual PropertyAgreementForm—(originalIPA should be forwardedtoORPA,Box 270140)
- 5. Faculty Demographics Form–this form is only for the use of OAA and will not beforwarded to the HR Service Center
- 6. Completed Faculty Recommendation Form

#### PLEASE SUBMIT ITEMS 6 – 10 VIA the Promotion & Reappointment Manager (PRM)

- 7. Department Chair/Center Director recommendation letter (for Research Professor, letter must identify funding source(s) for salary for the entire appointment period). (For joint appointment(s) include recommendation letter from appropriate DepartmentChair/Center Director)
- 8. Current CurriculumVitae

## **FOR ITEMS 8 AND 9 – ALL LETTERS OF RECOMMENDATION RECEIVED MUST BE INCLUDED,** REGARDLESS OF CONTENT, IN THEAPPOINTMENT PACKET. Letters of recommendation should be written by those at the same rank as the proposed rank, or higher.

- 9. Internal referee letters(4-8)(Internal referees are defined as any member of the UR faculty; includes all full-time, part-time, and voluntary faculty)
- 10. External refereeletters(4-8) Use template request letter and include External Reviewer Relationship to Candidate Form
- 11. Selected reprints of most significant recent publications (3-5 from the last 3 years)

<sup>\*</sup>Therequirementsfor<u>academicpart-time</u> AssociateProfessorsandProfessorsarethesame. Thosefacultyhavepreviouslybeen designated as such and their efforts are 50% orgreater.

#### Promotion and/or Tenure in the Associate Professor\* Professor. Research Professor Ranks

\*Therequirementsfor<u>academicpart-time</u> Associate ProfessorsandProfessors are the same. Those faculty have previously been designated as such and their efforts are 50% or greater.

All require: Ad hoc committee review, MEDSAC Steering Committee approval, Provost approval In addition, University of Trustees approval is required for promotions with tenure.

Consideration for promotion to **Associate Professor and Professor** must be based on:

#### **At least one Activity Component:**

Research, Scholarship, Institutional Scholarship, and/or Clinical and all require Teaching **Plus:** Service, Leadership and National/International Recognition

#### Research

Independent funding (principal investigator) Peer-reviewed publications (first, second author) Invited national presentations

#### To Research Professor

National leadership and international reputation, in addition to list of research requirements above

#### For Promotion with tenure

Associate Professor: Research or Institutional Scholarship, and/or Clinical and Teaching Professor: Research, or Scholarship, or Institutional Scholarship and/or Clinical and Teaching

#### **MATERIALS**

#### Upload to Box

Faculty Personnel Action Form (PAF510).

Research Professors cannot be paid 100% from a GR 5 (grant) account.

**Completed Faculty Recommendation Form** 

#### **Upload to PRM (Promotion and Reappointment Manager)**

- 1. Department Chair/Center Director recommendation letter
  - 1. Research Professor letters must identify funding source(s) for funding for the entire Appointment period.
  - **2.** For joint appointments, include recommendation letter from appropriate joint appointment chair/director
- **2. Current Curriculum Vitae**: Follow URSMD format found in the <u>SMD Regulations of the</u> Faculty, pages 38-40), or eCV format

#### 3. Letters of Recommendation

Must be from those at the same rank as the proposed rank or higher. All letters received must be submitted with case materials

- 3a. Internal referee letters (4-8)
  Internal referees are members of the UR faculty, including FT, PT, voluntary
- 3b. External referee letters (4-8). Use template request letter.

#### 3c. External referee relationship to candidate form

#### 4. Assessment forms

- ➤ Self-Assessment (see <u>Appendix C</u>)
- Self-Assessment of Teaching or Teaching Portfolio
- > Peer-Evaluation of Teaching (one is required)
- > Self-Assessment of Research, Scholarship, or Institutional Scholarship, as applicable (not required for those with Clinical and Teachingcomponentsonly)
- Self-Assessment of Clinical Contributions (optional for those with Clinical component)
- > Self-Assessment of Diversity, Equity & Inclusion (optional for all faculty)
- 5. Selected reprints of most significant recent publications (3-5 from last 3 years)

#### PROFESSOR, ASSOCIATE PROFESSOR\* and RESEARCH PROFESSOR

#### **REAPPOINTMENTS:**

 $MEDSACS teering Committee approval and Provost approval \ required for \ reappointment.$ 

(For reappointment terms please see pages 9-12 in the *SMD Regulations of the Faculty*)

#### PLEASE SUBMIT ITEM 1 to OAA via BOX

- 1. Faculty Personnel Action Form (PAF510). <u>Note: Research Professors should not be paid 100% from a GR5 (grant)account.</u>
- 2. Completed Faculty Recommendation Form

PLEASE SUBMIT ITEMS 2 – 5 VIA the Promotion & Reappointment Manager (PRM)

- 3. Department Chair/Center Director recommendation letter or Department Chair/Center Director attestationdocument (for Research Professor, letter mustidentify funding source(s) for salary for the entire appointment period). (For joint appointment(s) include attestation form from appropriate Department Chair/Center Director)
- 4. Current Curriculum Vitae–following either UR SMD(see Appendix II of the <u>SMD Regulations of the Faculty</u>, pages 38-40), or eCV Format

Internal and External referee letters are optional. ALLRECEIVED LETTERS OF RECOMMENDATION MUST BE INCLUDED,

REGARDLESS OF CONTENT, IN THE REAPPOINTMENT PACKET. Letters of recommendation should be written by those at the same rank as the proposed rank, or higher.

Note: Internal referees are defined as any member of the UR faculty; includes all full-time, part-time, and voluntary faculty

<sup>\*</sup>Therequirements for <u>academic part-time</u> Associate Professors and Professors are the same. Those faculty have previously been designated as such and their efforts are 50% or greater.

#### **PROFESSIONAL SERVICE**

Professor of Clinical and Associate Professor of Clinical

#### **VOLUNTARY FACULTY**

Clinical Professor and Clinical Associate Professor No-Pay, TAR(under 0.5 FTE, % effort must be supplied)

#### **INITIAL APPOINTMENT:**

<u>Professorof Clinical, Associate Professorof Clinical, and Clinical Professor:</u> MEDSACS teering Committee and Provost approval required for initial appointment.

Clinical Associate Professor: Provost approval required for initial appointment.

#### PLEASE SUBMIT ITEMS 1-5 to OAA via BOX

- 1. Faculty Personnel Action Form(PAF500)—signed/counter signed by appropriate Department Chair(s) and/or Center Director(s). (Please note the HR PostingNumber on the form)
- 2. Originalsigned offer letter or professionalservicecontract,e.g.,PrimaryCarecontract.(Offerletteris required onlyif faculty member isto be paid)
- 3. Employment Eligibility Verification (I-9) form please ensure the candidate completes the I-9 prior to their start date. OAA will verify I-9 completion with HR. Do not submit the I-9 or supporting information toOAA. Note: the I-9 is not requiredforvoluntary faculty if they are unpaid.
- 4. Copy of IntellectualPropertyAgreementForm—(originalIPA should be forwarded toORPA,Box 270140)
- 5. Faculty Demographics Form–formis only for the use of OAA and will notbeforwarded to the HR Service Center.
- 6. Completed Faculty Recommendation Form

#### PLEASE SUBMIT ITEMS 6 –8 VIA the Promotion & Reappointment Manager (PRM)

- 7. Department Chair recommendationletter(Forjoint appointment(s)includerecommendation letter from appropriate Department Chair(s))
- 8. Current CurriculumVitae
- 9. Referee letters for Professor 3-5; for Associate Professor 2-4 (May be from either internal or external referee). Note: ALL received letters of recommendation must be included, regardless of content, in the reappointment packet. Letters of recommendation should be written by those at the same rank as the proposed rank, orhigher.

#### **PROFESSIONAL SERVICE**

Professor of Clinical and Associate Professor of Clinical

#### **VOLUNTARY FACULTY**

Clinical Professor and Clinical Associate Professor No-Pay, TAR(under 0.5FTE, % effort must be supplied)

#### PROMOTIONS:

<u>Professor of Clinical, Associate Professor of Clinical, and Clinical Professor:</u> MEDSACSteering Committee and Provost approval required for promotion.

<u>Clinical Associate Professor:</u> Provost approval required for promotion.

PLEASE SUBMIT ITEM 1 to OAA via BOX

1. Faculty Personnel Action Form (PAF 510).

PLEASE SUBMIT ITEMS 2 - 4 VIA the Promotions & Reappointment Manager (PRM)

- 2. DepartmentChairrecommendationletter(Forjointappointment(s)includerecommendationletter from appropriate DepartmentChair(s))
- 3. Current Curriculum Vitae–following either UR SMD(see Appendix II of the <u>SMD Regulations of the Faculty</u>, pages 38-40), or eCV format
- 4. Referee letters for Professor 3-5; for Associate Professor 2-4 (May be from either internal or external referee). Note: ALL received letters of recommendation must be included, regardless of content, in the reappointment packet. Letters of recommendation should be written by those at the same rank as the proposed rank, or higher.

#### **REAPPOINTMENTS:**

<u>Professor of Clinical, Associate Professor of Clinical, Clinical Associate Professor, and Clinical Professor:</u>
Provost approval required for reappointment.

PLEASE SUBMIT ITEM 1 to OAA via BOX

- 1. Faculty Personnel Action Form (PAF 510)
- 2. Current, valid email address for the faculty member
- 3. Completed <u>Faculty Recommendation Form</u>

PLEASE SUBMIT ITEM 3 VIA the Promotion & Reappointment Manager (PRM)

4. Department Chairrecommendation letter OR Chair attestation document (For joint appointment(s)include attestationdocumentfrom appropriate Department Chair(s))

#### RESEARCH ASSOCIATE PROFESSOR

#### **INITIAL APPOINTMENT:**

MEDSAC Steering Committee and Provost approval required for initial appointment.

#### PLEASE SUBMIT ITEMS 1-5 to OAA via BOX

- 1. Faculty Personnel AppointmentForm (PAF 500) signed/countersigned by appropriate Department Chair(s) and/or Center Director(s). (Please note the HR Posting Number on the form in the appropriate spot.)..
- 2. Original signed offerletter
- 3. Employment Eligibility Verification (I-9) form please ensure the candidate completes the I-9 prior to their start date. OAA will verify I-9 completion with HR. Do not submit the I-9 or supporting information to OAA.
- Copy of <u>IntellectualPropertyAgreementForm</u>—(originalIPA should be forwardedtoORPA,Box 270140)
- 5. Faculty Demographics Form –form is only for the use of the Academic Affairs Office and will not be forwarded to the HRService Center
- 6. Completed Faculty Recommendation Form

PLEASE SUBMIT ITEMS 6 – 9 VIA the Promotion & Reappointment Manager (PRM)

- 7. Department Chair/Center Director recommendation letter Must include information regarding the funding sources from which the faculty member's salary will be paid throughout the term of the appointment
- 8. Current Curriculum Vitae

FOR ITEMS 8 AND 9 – ALL RECEIVED LETTERS OF RECOMMENDATION MUST BE INCLUDED, REGARDLESS OF CONTENT, IN THE REAPPOINTMENT PACKET. Letters of recommendation should be written by those at the same rank as the proposed rank, or higher.

- **9**. Internal refereeletters(2-4)
- 10. External refereeletters(2-4) Use template request letter and include External Reviewer Relationship to Candidate Form

#### RESEARCH ASSOCIATE PROFESSOR

#### PROMOTIONS:

MEDSAC Steering Committee and Provost approval required for promotion.

#### PLEASE SUBMIT ITEM 1 to OAA via BOX

1. Faculty Personnel Action Form(PAF510). Hard copy must be submitted to the Office of Academic Affairs. *Note:Research Associate Professors should not be paid100% from aGR5(grant) account.* 

PLEASE SUBMIT ITEMS 2 – 5 VIA the Promotion & Reappointment Manager (PRM)

- 2. Department Chair/Center Director recommendation letter Must include information regarding the funding sources from which the faculty member's salary will be paid throughout the term of the appointment
- 3. Current Curriculum Vitae–following either UR SMD(see Appendix II of the <u>SMD Regulations of the Faculty</u>, pages38-40), or eCVformat FOR ITEMS 4 AND 5 ALL RECEIVED LETTERS OF RECOMMENDATION MUST BE INCLUDED, REGARDLESS OF CONTENT, IN THE REAPPOINTMENT PACKET. Letters of recommendation should be written by those at the same rank as the proposed rank, or higher.
- 4. Internal refereeletters(2-4)
- **5**. External refereeletters(2-4)
- 6. Completed Faculty Recommendation Form

#### **REAPPOINTMENTS:**

Provost approval required for reappointment

PLEASE SUBMIT ITEM 1 to OAA via BOX

1. FacultyPersonnelActionForm(#510). <u>Note: Research Associate Professors should not be paid 100% from a GR 5 (grant) account.</u>

PLEASE SUBMIT ITEM 2 VIA the Promotion & Reappointment Manager (PRM)

- 2. Department Chair/Center Director recommendation letter OR Chair/Center Director attestation document Must include information regarding the funding sources from which the faculty member's salary will be paid throughout the term of the appointment
- 3. Letters of recommendation (internal or external) are optional for reappointment

For the appointments on the following pages (pages 19-28), all documents must be submitted to the Office of Academic Affairs electronically via BOX. The Promotion and Reappointment Manager(PRM)is not currently used for these appointments. Please contact OAA with questions.

## ASSISTANT PROFESSOR (Full-Time or Part-Time)

Submit all documents to the Office of Academic Affairs via BOX.

#### INITIAL APPOINTMENT

- 1. Faculty Personnel Appointment Form (PAF 500) signed/countersigned by appropriate Department Chair(s) and/or Center Director(s). (Please note the HR Posting Number on theform)
- 2. Original signed offer letter
- 3. Employment Eligibility Verification (I-9) form please ensure the candidate completes the I-9 prior to their start date. OAA will verify I-9 completion with HR. Do not submit the I-9 or supporting information toOAA.
- 4. Copy of Intellectual Property Agreement Form (original IPA should be forwarded to ORPA, Box270140)
- 5. Faculty Demographics Form form is only for the use of the Academic Affairs Office and will not be forwarded to the HR Service Center
- 6. Completed Faculty Recommendation Form
- 7. Department Chair/Center Director recommendation letter. (For joint appointment(s) include recommendation letter from appropriate Department Chair(s))
- 8. Current Curriculum Vitae
- 9. Referee letters are optional:
  - If letters are requested, past rules apply
    - Letters may be internal or external and written by those at the same rank as the proposed rank of the candidate or higher
    - Any letters received must be submitted to OAA for processing of the appointment

#### **PROMOTIONS**

- 10. Faculty Personnel Action Form (PAF 510)
- 11. Completed Faculty Recommendation Form
- 12. Department Chair/Center Director recommendation letter. (For joint appointment(s) include recommendation letter from appropriate Department Chair(s))
- 13. Current Curriculum Vitae– following either URSMD (see Appendix II of the *SMD Regulations of the Faculty*, pages 38-40), or eCV format
- 14. Referee letters are optional:
  - If letters are requested, past rules apply
    - Letters may be internal or external and written by those at the same rank as the proposed rank of the candidate or higher
    - o Any letters received must be submitted to OAA for processing of the appointment

## ASSISTANT PROFESSOR (Full Time or Part-Time)

Submit all documents to the Office of Academic Affairs via BOX

#### **REAPPOINTMENTS**:

- 1. Faculty Personnel Action Form (PAF510)
- 2. Completed Faculty RecommendationForm
- 3. Department Chair/Center Director recommendation letter for reappointment following format of templates provided on the OAA webpage–see <a href="Appendix E">Appendix E</a> of Required Paperwork and refer to pages 8 and 9 in the <a href="SMDRegulations of the Faculty">SMDRegulations of the Faculty</a> as wellas <a href="Appendix D">Appendix D</a> for further information on the departmental evaluation of AssistantProfessors. (For joint appointment(s) include recommendation letter or attestation form from appropriate DepartmentChair(s)).
  - i. Additionally, the Department Chair/Center Director recommendation letter must include the Deans concurrence sentence, at the end of the letter, with the appropriate components, to be signed by the Dean, School of Medicine & Dentistry.
- 4. Current Curriculum Vitae–following either UR SMD(see Appendix II of the <u>SMD Regulations of the Faculty</u>, pages 38-40), or eCVformat

Referee letters are optional:

- If letters are requested, past rules apply
  - Letters may be internal or external and written by those at the same rank as the proposed rank of the candidate or higher
  - o Any letters received must be submitted to OAA for processing of the appointment

#### RESEARCH ASSISTANT PROFESSOR

Submit all documents to the Office of Academic Affairs via BOX.

#### INITIAL APPOINTMENT:

- 1. FacultyPersonnel Appointment Form(PAF500)—signed/counter signed by appropriate Department Chair(s) and/or Center Director(s). (Note the HR Posting Number on the form). Note: Research Assistant Professors should not be paid 100% from a GR 5 (grant) account.
- 2. Original signed offerletter
- 3. Employment Eligibility Verification (I-9) form please ensure the candidate completes the I-9 prior to their start date. OAA will verify I-9 completion with HR. Do not submit the I-9 or supporting information to OAA.
- 4. Copyo<u>f IntellectualPropertyAgreementFor</u>m–(originalIPAshouldbeforwardedtoORPA,Box 270140)
- 5. FacultyDemographicsForm–formis only for the use of OAA and willnot be forwarded to theHR Service Center
- 6. Completed Faculty RecommendationForm
- 7. Department Chair/Center Director recommendation letter-Must *include information regarding the funding sources from which the faculty member's salary will be paid throughout the term of the appointment*
- 8. Current Curriculum Vitae
- 9. Referee letters are optional:
  - If letters are requested, past rules apply
    - Letters may be internal or external and written by those at the same rank as the proposed rank of the candidate or higher
    - o Any letters received must be submitted to OAA for processing of the appointment

#### PROMOTIONS:

- 1. Faculty Personnel Action Form(PAF510). Note: Research Assistant Professors should not be paid 100% on a GR 5account.
- 2. Completed Faculty RecommendationForm
- 3. Department Chair/Center Director recommendation letter- Must include information regarding the funding sources from which the facultymember's salary will be paid throughout the term of the appointment
- 4. Current Curriculum Vitae following either UR SMD(see Appendix II of the <u>SMD Regulations of the Faculty</u>, pages 38-40), or eCV format

#### REAPPOINTMENTS:

- 1. FacultyPersonnel ActionForm(PAF510)<u>Note:Research Assistant Professorsshould not be paid</u> 100%from a GR 5 (grant) account.
- 2. Department Chair/Center Director recommendation letter—Must include information regarding the funding sources from which the faculty member's salary will be paid throughout the term of the appointment.
- 3. Faculty Recommendation Form

# ASSISTANT PROFESSOR OF CLINICAL SENIOR INSTRUCTOR SENIOR INSTRUCTOR OF CLINICAL INSTRUCTOR INSTRUCTOR OF CLINICAL SENIOR ASSOCIATE, AND ASSISTANT (Full-time and part-time)

Submit all documents to the Office of Academic Affairs *via BOX*.

#### INITIAL APPOINTMENT:

- 1. Faculty Personnel Appointment Form(PAF500)—signed/counter signed by appropriateDepartment Chair(s) and/or Center Director(s). (Note the HR PostingNumberon the form)
- 2. Originalsignedofferletter (non-AC GME fellowofferletter for Instructors with fellowships)
- 3. Employment Eligibility Verification (I-9) form please ensure the candidate complete the I-9 prior to their start date. OAA will verify I-9 completion with HR. Do not submit the I-9 or supporting information to OAA.
- 4. Copy of <u>Intellectual Property AgreementForm</u> (original IPA should be forwarded to ORPA, Box 270140)
- 5. Faculty DemographicsForm–form is only for the use of the AcademicAffairs Office and will not be forwarded to the HRServiceCenter
- 6. Completed Faculty RecommendationForm
- 7. Department Chair/CenterDirector recommendation letter.(For joint appointment(s)include recommendationletterfrom appropriate DepartmentChair(s))
- 8. Current Curriculum Vitae

#### **PROMOTIONS:**

- 1. Faculty Personnel Action Form(PAF510)
- 2. Completed Faculty Recommendation Form
- 3. Department Chair/CenterDirector Recommendation letter.(For joint appointment(s)include recommendationletterfrom appropriate DepartmentChair(s))
- 4. Current Curriculum Vitae–following either UR SMD(see Appendix II of the <u>SMD Regulations</u> of the <u>Faculty</u>, pages 38-40), or eCV format

#### **REAPPOINTMENTS:**

- 1. Faculty Personnel Action Form(#510) –Include copy of signed professional service contract, when relevant.
  - 2. Completed Faculty Recommendation Form

#### **VOLUNTARY FACULTY**

Clinical Assistant Professor, Clinical Senior Instructor, Clinical Instructor, Clinical Associate, and Clinical Assistant
No-Pay, TAR (under 0.5FTE, % effort must be supplied)

Submit all documents to the Office of Academic Affairs via BOX.

#### **INITIAL APPOINTMENT:**

- 1. Faculty Personnel Appointment Form (PAF 500) Must be signed/counter signed by appropriate Department Chair(s)and/or Center Director(s). (Notethe HR Posting Number on the form, if appropriate).
- 2. Original signed offer letter (required only if the faculty member will be paid).
- 3. Only if apaid appointment: pleaseen surethecandidate completes the I-9 prior to their start date. OAA will verify I-9 completion with HR. Do not submit the I-9 or supporting information to OAA. If unpaid: the I-9 is not required.
  - Note: If there is any possibility of the faculty member receiving any salary, compensation, honorarium, etc., the I-9 is mandated.
- 4. Completed Faculty RecommendationForm
- 5. Department Chair/Center Director recommendation letter Must be signed/countersigned by appropriate Department Chair(s) and/or Center Director(s). For joint appointment(s), include recommendation letter from appropriate DepartmentChair(s) and/orCenter Director(s).
- 6. Current Curriculum Vitae

#### PROMOTIONS:

- 1. Faculty Personnel Action Form (PAF510)
- 2. Completed Faculty Recommendation Form
- 3. Department Chair/Center Director recommendation letter Must be signed/countersigned by appropriate Department Chair(s) and/or Center Director(s). For joint appointment(s), include recommendation letter from appropriate Department Chair(s) and/or Center Director(s).
- 4. Current Curriculum Vitae–following either UR SMD(see Appendix II of the <u>SMD Regulations</u> of the <u>Faculty</u>, pages 38-40, or eCV format.

#### **REAPPOINTMENTS:**

- 1. Faculty Personnel Action Form (PAF 510)
- 2. Current, validemail address for the faculty member
- 3. Completed Faculty Recommendation form

#### JOINT ADMINISTRATIVE POST APPOINTMENTS

- Joint faculty appointments *cannot exceed* the term of the primary faculty appointment.
- For tenured faculty, joint appointments *cannot exceed* a three-year term.
- Associate Professor and above ranks require Provost approval (upload all documentation to department folder in Box).

#### INITIAL APPOINTMENT:

- 1. Faculty Personnel Action Form(PAF500or PAF510) signed by the primary Department Chair and secondary Department Chair(s) and/or Center Director(s)
- 2. Completed Faculty RecommendationForm
- 3. Joint Department Chair/Center Directorrecommendation letter- Must be signed by both the primary Department Chair(a) Department Chair(s) and/or Center Director(s)
- 4. Current Curriculum Vitae–following either UR SMD(see Appendix II of the <u>SMD Regulations</u> of the <u>Faculty</u>, pages 38-40), or eCV format

#### **REAPPOINTMENTS:**

- 1. Faculty Personnel Action Form (PAF510)- signed by primary Department Chair <u>and</u> secondary Department Chair(s) and/or Center Director(s)
- 2. Joint Department Chair/Center Director recommendation letter.
- 3. Completed Faculty Recommendation Form

#### PROMOTIONS:

- 1. Faculty Personnel Action form signed by primary and secondary dept chair/centerdirector
- 2. Joint Department Chair/Center Director recommendation letter
- 3. Completed Faculty Recommendation Form

#### ADJUNCT and VISITING FACULTY APPOINTMENTS

(At any faculty rank)

Submit all documents to the Office of Academic Affairs via BOX.

#### **INITIAL APPOINTMENT:**

- 1. Faculty Personnel Appointment Form (PAF 500) Must be signed/countersigned by appropriateDepartmentChair(s)and/orCenterDirector(s).(NotetheHRPostingNumberonthe form, if appropriate).
- 2. Only if apaid appointment:please ensure the candidate completes the I-9 prior to their start date. OAA will verify I-9 completion with HR. Do not submit the I-9 or supporting information to OAA. If unpaid: I-9 completion is not required.
  - Note: If there is any possibility of the faculty member receiving any salary, compensation, honorarium, etc., the I-9 is mandated.
- 3. <u>Intellectual Property Agreement (IPA) Form</u> or <u>Visiting Scientist Agreement(VSA)</u>. The original IPA or VSA shouldbe forwarded to ORPA(Box270140), and a copy provided to the Office of Academic Affairs. If the faculty member will be participating in University research using significant University Resources (defined here), the VSA is required.
  - If the faculty member's involvement is solely teaching, clinical, or research not involving significant University Resources,the IPA or VSA is not required. It is the responsibility of the Department Chair to make this determination. The University's policy on Significant Use of University Resources and Intellectual Property Ownership is available <a href="here">here</a>.

#### Examples:

Dr. Smith, a physician in private practice, will teach a skills course for three hours. No IPA or VSA is required. Dr. Jones, a staff physician at Alpha Hospital in Anywhere, NY, will refer patients to a clinical trial being performed at the University of Rochester. Dr. Jones has no role in the trial, he is simply referring patients. No IPA or VSA is required.

Dr. Nobel, a faculty member at ScienceUniversity in Anyplace,MA, willcollaborate on a research project with Dr. Investigator at the University of Rochester. As part of this collaboration, Dr. Nobel will use the University's multi photon core and specialized micro scopes. The VSA is required.

- 4. Completed Faculty RecommendationForm
- 5. Department Chair/Center Director recommendation letter—Must be signed/countersigned by appropriate Department Chair(s)and/or Center Director(s). For joint appointment(s), include recommendation letter from appropriateDepartment Chair(s) and/or Center Director(s).
- 6. Current CurriculumVitae
- 7. For Visiting Faculty, not paid by UR, proof of healthinsurancemust be provided.
- 8. For Adjunct Associate Professor and Adjunct Professor: Provide 1-2 referee letters (may be internal or external referees). Note: Letters of recommendation should be written by those at the same rank as the proposed rank, or higher

## **ADJUNCT and VISITING FACULTY APPOINTMENTS** (At any faculty rank)

Submit all documents to the Office of Academic Affairs via BOX.

#### PROMOTIONS (Adjunct Faculty only):

#### Adjunct Faculty:

- 1. Faculty Personnel Action Form (PAF510)
- 2. Completed Faculty Recommendation Form
- 3. Department Chair/Center Director recommendation letter–Must be signed/counter signed by appropriate Department Chair(s)and/or Center Director(s). For joint appointment(s), include recommendation letter from appropriate DepartmentChair(s)and/orCenterDirector(s).
- 4. Current Curriculum Vitae–following either UR SMD(see Appendix IIofthe SMD Regulations of the Faculty, pages 38-40), or eCVformat.

#### **REAPPOINTMENTS:**

#### Adjunct Faculty:

- 1. Faculty Personnel Action Form(PAF510)-Must be signed/countersigned by appropriate Department Chair(s) and/orCenterDirector(s).
- 2. Aljunct Instructor through Aljunct Assistant Professor either a Department Chair/Center Director recommendation letter or the Adjunct FacultyReappointment Form (see Appendix B)
- 3. Adjunct Associate Professor and Adjunct Professor Department Chair/Genter Director recommendation letter and the Adjunct Faculty Reappointment Form (see Appendix B)

#### **Visiting Faculty:**

- 1. FacultyPersonnelActionForm(#510)-Must be signed/countersigned byappropriateDepartment Chair(s) and/or CenterDirector(s).
- 2. DepartmentChair/CenterDirectorrecommendationletter-Mustbe signed/counter signed by appropriate Department Chair(s)and/or Center Director(s).

#### **EMERITUS**

| Emeritus designation granted upon or post-retirement   |
|--|
| Professor Emeritus or Clinical Professor Emeritus Faculty select one of the following: Emeritus, Emerita, or Emerita |
| Subject to Board of Trustees approval  |
| Faculty should contact Total Rewards to understand benefits with a change in appointmentstatus.                      |

#### REQUIRED PAPERWORK FOR ALL EMERITUS APPOINTMENTS

- 1. Completed Faculty Recommendation Form
- 2. Department Chair/Center Director recommendation letter signed by appropriate chair/center director
- 3. Faculty current CV

#### PERSONNEL FORMS (510 and/or 500 forms REOUIRED AS FOLLOWS)

#### A. Retire from paid appt, no rehire

- 1. 510 to retire primary record
- 2. Run 500 form to create new record for no pay Emeritus appointment (JobCode0123)
  - a. Effective date is first date of retirement
  - b. Functional title Professor Emeritus/Emerita/Emeritx
  - c. No end date

#### B. Retire from paid appt/Rehire as TAR

- 1. Process 510 to retire on primaryrecord
- 2. Process 500 form to create new EMPL record, for no pay Emeritus appt (JobCode0123)
  - a. Effective date is date first of retirement
  - b. Functional title Professor Emeritus/Emerita/Emeritx
  - c. No end date
- 3. Create 500 form to create 2<sup>nd</sup> new EMPL record, for paid (TAR) appointment (Job Code 0124) –Professor(part-time)
  - a. Annual compensation letter required for TAR appt, with pay and terms of employment(start/enddates)
  - b. TAR appt needs a start and enddate

#### C. Emeritus status post retirement

- 1. Do not alter the primary (retirement) record
- 2. Process 500 form to create new record for no payEmeritus/Emerita/Emeritxappointment
  - a. Job code 0123
  - b. Functional title
- 3. If there is a paid TAR appt in place,
  - a. 510 to Term TAR EMPL record if that appt is ending, OR
  - b. Maintain TAR appt and terminate when the TAR apptends

#### D. Voluntary faculty with no payappointment

(Faculty member retires from private practice)

Dept decides to grant Emeritus status (unpaid)

Dept runs PAF and shows change to Clinical Professor Emeritus (0123)

#### **CHANGE OF STATUS**

(All faculty ranks)

Change in Time status(change to or from, full-time, part-time, time-as-reported, or no pay).

Provost approval required for all senior faculty change in status

Submit all documents to the Office of Academic Affairs via BOX.

- 1. Faculty Personnel Action Form(PAF 510)-signed/counter signed by appropriate Department Chair(s) and/or Center Director(s) with the appropriate faculty action noted.
- 2. Chair's letter requesting the change, which must include an explanation for the change request.
- 3. Documentation of the faculty member's request for the change.
- 4. Letter from the Department Chair to the faculty member providing appropriate notice of change and describing the change in appointment and compensation.

#### *Note:*

- For change from time-as-reported to either a part-or full-time appointment afaculty recruitmentform is required. Checkwith OAA if the new appt is less than a year in length.
- For changes from time-as-reported to either part-or full-time OR from part or full time to TAR a faculty offer letter or contract is required.

#### Faculty to Trainee:

1. FacultyPersonnel ActionForm(PAF#510)—signed/counter signed by appropriate Department Chair(s) and/or CenterDirector(s)with theappropriate action noted.

#### *Note:*

- For changes from Faculty to Trainee, Vice Deanfor Academic Affairs signature is required.
- Trainees becoming faculty are considered new hires, and the appropriate paperwork for initial appointment at the hire rankshould be submitted

For other types of changes(i.e. from Research Assistant Professor to Assistant Professor or from Associate Professor to Associate Professor of Clinical), please contact OAA to determine appropriate paperwork.

#### **TERMINATIONS/DEPARTURES**

(All paid time-as-reported, part-time or full-time faculty ranks)

ALL paperwork to end a faculty appointment must be submitted to OAA via BOX.

#### Resignation/Retirement:

- 1. Faculty PersonnelAction Form(PAF510)—signedby appropriateDepartmentChair(s)and/or Center Director(s)with theappropriateterminationdate.
- 2. Completed signed Faculty Departure Form

#### Non-reappointments:

- 1. Faculty Personnel Action Form(PAF510)—signed by appropriate DepartmentChair(s) and/or Center Director(s) with the appropriate termination date.
- 2. Copy of non-reappointment letter given to faculty member with appropriate notice (letter should be vetted by Office of Counsel and the Senior Associate Dean for Academic Affairs prior to being presented to faculty member). Please contact OAAto discussprocess andrequirements.
- 3. Completed signed Faculty DepartureForm

#### Death:

- 1. Faculty PersonnelAction Form(PAF510)—signed by appropriate DepartmentChair(s) and/or CenterDirector(s) with the appropriate termination date.
- 2. Copy of obituary or deathnotice.
- 3. Departments should advise family members to contact benefits as soonaspossible.

#### **ENDING OF APPOINTMENTS**

(Voluntary or no-pay appointments, including visiting and adjunctappointments)

1. Faculty Personnel Action Form (PAF#510)—signed/counter signed by appropriate DepartmentChair(s) and/or Center Director(s) with the appropriate termination date.

## <u>APPENDICES – A THROUGH L</u>

## UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY Faculty Recommendation Form

| Candidate's Name:   |                                       |  |  |
|---|---------------------------------------|--|--|
| Department:   | Division:                             |  |  |
| Date My URHR Action Initiated:  | Date of Birth (for new appointments): |  |  |
| Employee ID Number:   | Citizenship/Visa Status and End Date: |  |  |
| Proposed Action (check all that apply):   |                                       |  |  |
| Appointment   | Change inAppointment                  |  |  |
| Reappointment   | Additional Appointment                |  |  |
| Promotion   | Grant Tenure                          |  |  |
| APPOINTMENT Current Title:  |                                       |  |  |
| Proposed Title:   |                                       |  |  |
| Effective Date:   | End Date:                             |  |  |
| Remarks  My signature represents approval of the appointment action as outlined above |                                       |  |  |
|   |                                       |  |  |
|   |                                       |  |  |
| Department Chair  | Center Director (if applicable)       |  |  |

Revised October 2024 Appendix A

#### Appendix B

#### ADJUNCT FACULTY REAPPOINTMENT FORM

| Na  | me_       |  |
|-----|-----------|--|
| Но  | me .      | Address  |
| Pri | mar       | yInstitutionAffiliation  |
| Tit | le/R      | ank at Primary Institution   |
| Bu  | isne      | ssAddress  |
| Em  | nail<br>- |  |
| En  | d Da      | ate of Current AdjunctAppointment  |
| 1)  | Tiı       | me spent teaching in the School of Medicine and Dentistry  |
|     | a.        | Course(s)  |
|     | b.        | Dates of participation   |
|     | c.        | Hours  |
| 2)  | Tiı       | me spent on-site doingresearch.  |
|     | a.        | Grants on which you are named principal investigator and faculty at the University of Rocheste are named co-investigator (include title, agency, and grant period) |
|     | b.        | Grants on which you are named co-investigator (include title, agency, and grantperiod  |
|     | c.        | Other research collaborations  |
| 3)  | Ot        | her on-siteactivities  |
| 4)  | Co        | mments   |

Rev. 7/2021

## **APPENDIX C**

- i. Faculty Member's Self-Assessment of contributions to an inclusive and welcoming learning environment
- ii. Evaluation of Faculty Contributions to Teaching
- iii. Faculty Member's Self-Assessment of Clinical Contributions
- iv. Faculty Member's Self-Assessment of Research and/or Other Scholarly Contributions

## **APPENDIX C-i**

Faculty Member's Self-Assessment of contributions to an inclusive and welcoming learning environment

(Optional for all senior academic promotions)

| NameofCandidate: |  |
|------------------|--|
|------------------|--|

Faculty Member's Self-Assessment of contributions to an inclusive and welcoming learning environment

Limiting your comments to one page, please describe your contributions to inclusion and learning within the work environment. Please also describe your contributions in terms of content area, collaborators or constituents, approach or methods. These contributions may include any of the activity domains listed on your CV or outlined in the SMD Regulations of the Faculty, including clinical contributions, teaching and education, research or other forms of scholarship, community engagement, or service/leadership/national recognition.

Please give examples of contributions of inclusion and learning to the work environment, which may include formal assessments from collaborators or constituents; quality or productivity metrics as applicable; or regional, national, or international recognition for your expertise or achievements.

### **APPENDIX C-ii**

## **Evaluation of Faculty Contributions to Teaching**

(Required for all senior academic promotions)

| NameofCandidate:    |  |
|---------------------|--|
|                     | TEACHING                               |
|                     | Evaluation of Faculty Contributions to |
|                     | Teaching: Outline for Compilation      |
| Essential Elements: |  |

- 1. FacultyMember'sSelf-Assessment.
- 2. Peer Evaluation by faculty member(s), based on direct observation. Evaluators may choose to use the Peer Evaluation of Faculty Contributions to Teaching form (below), or the evaluation may take the form of are of eree letter.
- 3. Writtenmaterials (syllabi, special initiatives, reports, etc.) pertaining to education.
- 4. Summary of student, resident, graduate student evaluations, obtained from data collected by the Offices for Medical Education or Graduate and Postdoctoral Education office, as appropriate.
- 5. Letter of recommendation from Department Chair/Center Director must include a summary the quantity and quality of the faculty member's teaching.

#### **TEACHING**

Faculty Member's Self-Assessment of Teaching Contributions

Please discuss each item; limit your comments to one page.

- 1 Describe your involvement in teachingand education, whichmay includeany orall of the following: direct teaching (describe learners / context); assessments of learners; curriculum development;mentoring and advising; or educational leadership and administration. For each activity, please convey the nature of your work beyond that portrayed on your CV.
- 2 Describe your approach to education, supported by educational principles that underlieyourteaching and your experience with how people learn. What are your teaching objectives, strategies, and methods? If you have opted to *not* include an educator portfolio, please submit sample syllabi, lecture handouts, orother similar materials as applicable to convey the nature of your teaching.

| N | ameofCandidate   |  |
|---|------------------|--|
|   | NameofEvaluator: |  |
| • | NameonEvaluator. |  |

#### **TEACHING**

Peer Evaluation of Faculty Contributions to Teaching Peer

Evaluationbyfacultymember(s),based on direct observation.

An excellent teacher is enthusiastic, knowledgeable and capable of conveying key information in an engaging, challenging manner which invites questions. Such an individual is responsible for timely feedback and when serving as an advisor, commits to responsible on going over sight of the progress of the student's development. Please provide a commentary considering these and other points which will specifically identify the quality of the candidate's teaching. Limit comments to one page. Evaluators may choose to use this form, or the evaluation may taken the form of reference letter.

## **APPENDIX C-iii**

## Faculty Member's Self-Assessment of Clinical Contributions

(Optional for all senior academic promotions in the Clinical activity component)

| NameofCandidate: |
|------------------|
|------------------|

#### CLINICAL

Faculty Member's Self-Assessment of Clinical Contributions

Limiting your comments to one page, please describe your clinical contributions (broadly defined as in the SMD Regulations of the Faculty to include patient care or other professional services).

You may describe direct patient care, collaborative care (including consultations or teambased care), administration/leadership of clinical teams/sites/systems, practice improvement projects with demonstrable improvement, support or ancillary systems or services (e.g., medical informatics, public/community health), development and testing of assessment tools, or other activities as relevant to other types of professional service(e.g., clinical laboratory scientists, radiation physicists, sociologists, psychological assessments, or others including community engagement or efforts to foster equity, diversity, or inclusion).

Describe your area of clinical expertise and activity as defined by content area, populations served, approach, or methods. Describe the time/effort you spend on these activities.

Describe evidence for the quality of your clinical contributions, which may include: formal assessments from peers, patients, families, or others; quality or productivity metrics as applicable to yourfield; or regional, national, or international recognition for your expertise or achievements.

### **APPENDIX C-iv**

# Faculty Member's Self-Assessment ofResearch and/or Other Scholarly Contributions

(Required for all senior academic promotions in the activity components of Research, Scholarship, or Institutional Scholarship)

| NameofCandidate: |  |
|------------------|--|
|------------------|--|

#### RESEARCH/SCHOLARSHIP/INSTIT UT IONAL SCHOLARSHIP

Faculty Member's Self-Assessment of Research and/or Other Scholarly Contributions

A self-assessment of published work assists reviewers by providing the candidate'sperceptions and by serving as a starting point for the reviewers' evaluations. Please select up to five (5) papers or other scholarly products; for each, summarize in two to three sentences the specific contribution each has made to the advancement of the field. The citations and the annotation for each should be single- spaced; the resultant self-assessment should be limited to one page.

## **Appendix D:**

## Templates for Chair's Letter to the Dean's Office Proposing Reappointment as Assistant Professor

- i. C-S-T (Clinical, Scholarship and Teaching)
- ii. C-T (Clinical and Teaching)
- iii. IS-CT (Institutional Scholarship and Clinical Teaching)
- iv. IS-T (Institutional Scholarship and Teaching)
- v. R-C-T (Research, Clinical and Teaching)
- vi. R-T (Research and Teaching)
- vii. S-T (Scholarship and Teaching)

## Template for Chair's Letter to the Dean's Office Proposing Reappointment as Assistant Professor (anticipated components: Clinical, Scholarship, and Teaching)

Dear Dr. Baumhauer,

I am writing to propose the reappointment of [faculty member's name] as Assistant Professor of [Department] based on [her/his] excellence in the anticipated components of Clinical, Scholarship, and Teaching, for a term of [two or three] years.

[summary of faculty member's background and training, and current roles in the Department, URMC, regionally/nationally if appropriate]

[separate paragraphs describing excellence in each anticipated activity component — recognizing that, at the time of reappointment as Assistant Professor, their accomplishments in each area are typically still emerging and do not yet fully meet the criteria for promotion in rank — using language asfollows]

Scholarship: [summarize evidence for (non-Research) scholarship "demonstrating a developed, in- depth approach of the highest quality to an area of focused interest," as evidenced by [specific points from Regulations of the Faculty Appendix Ic]].

Clinical: [summarize evidence for "specialized professional services of the highest quality in patient care or other aspects of URMC missions" as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is most helpful to provide descriptions of the nature of the faculty member's expertise and professional services, including a general sense of how much time/effort they spend on their clinical practice. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, or impact of the faculty member's clinical activities.

Teaching: [summarize evidence for "excellence in teaching contributions," broadly defined, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is helpful to provide descriptions of the faculty member's primary educational responsibilities, including a general sense of how much time/effort they spend on these. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, influence, or impact of the faculty member's educational activities.

Service, Leadership, & National Recognition: [summarize evidence for the faculty member "using her/his expertise and skills in any of the above components to the benefit of their department, the SMD, the University, and/or their field or discipline," which may include leadership at local, regional, national, or international levels depending on career path, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]]

[Please note that the faculty member's professional efforts working with the community, or fostering an inclusive and welcoming environment, should be described as applicable to their activity components and/or as part of their service or leadership to the institution or field]

In recommending this faculty member for academic reappointment, [this faculty member has consistently demonstrated behaviors in keeping with our professionalism values, standards, and expectations] or [any significant professionalism concerns have been remediated to a degree sufficient to make this recommendation].

[Also please note that quotations from referee letters either should not be used, or should be used in de-identified form, because the faculty member will receive a copy of this letter after it is finalized.]

[Close with summary paragraph, restating the proposed reappointment, anticipated components, and term]

#### [chair signature]

I concur with the above reappointment based on excellence in the anticipated components of Clinical, Scholarship, and Teaching, effective [effective date] through [end date]

David C. Linehan, MD CEO, University of Rochester Medical Center Dean, School of Medicine and Dentistry Senior Vice President for Health Sciences

#### Alternate language for faculty with expiring work authorization:

I concur with the above reappointment based on excellence in the anticipated components Clinical, Scholarship, and Teaching, effective [effective date] through [work authorization end date]. Upon renewal of work authorization, this appointment will be extended to the full complement of the reappointment period.

## Template for Chair's Letter to the Dean's Office Proposing Reappointment as Assistant Professor (anticipated components: Clinical and Teaching)

Dear Dr. Baumhauer,

I am writing to propose the reappointment of [faculty member's name] as Assistant Professor of [Department] based on [her/his] excellence in the anticipated components of Clinical and Teaching, for a term of [two or three] years.

[summary of faculty member's background and training, and current roles in the Department, URMC, regionally/nationally if appropriate]

[separate paragraphs describing excellence in each anticipated activity component — recognizing that, at the time of reappointment as Assistant Professor, their accomplishments in each area are typically still emerging and do not yet fully meet the criteria for promotion in rank — using language as follows]

Clinical: [summarize evidence for "specialized professional services of the highest quality in patient care or other aspects of URMC missions" as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is most helpful to provide descriptions of the nature of the faculty member's expertise and professional services, including a general sense of how much time/effort they spend on their clinical practice. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, or impact of the faculty member's clinical activities.

Contributions to Academic Missions (for faculty whose <u>sole</u> component is Clinical along with Teaching): [summarize evidence for "active support of URMC academic missions," as evidenced by [specific points from Regulations of the Faculty Appendix Ic]]

Teaching: [summarize evidence for "excellence in teaching contributions," broadly defined, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is helpful to provide descriptions of the faculty member's primary educational responsibilities, including a general sense of how much time/effort they spend on these. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, influence, or impact of the faculty member's educational activities.

Service, Leadership, & National Recognition: [summarize evidence for the faculty member "using her/his expertise and skills in any of the above components to the benefit of their department, the SMD, the University, and/or their field or discipline," which may include leadership at local, regional, national, or international levels depending on career path, as evidenced by [specific points from Regulations of the Faculty Appendixlc]]

[Please note that the faculty member's professional efforts working with the community, or fostering an inclusive and welcoming environment, should be described as applicable to their activity components and/or as part of their service or leadership to the institution or field]

In recommending this faculty member for academic reappointment, [this faculty member has consistently demonstrated behaviors in keeping with our professionalism values, standards, and expectations] or [any significant professionalism concerns have been remediated to a degree sufficient to make this recommendation].

[Also please note that quotations from referee letters either should not be used, or should be used in de-identified form, because the faculty member will receive a copy of this letter after it is finalized.]

[Close with summary paragraph, restating the proposed reappointment, anticipated components, and term]

#### [chair signature]

I concur with the above reappointment based on excellence in the anticipated components of Clinical and Teaching, effective [effective date] through [end date]

David C. Linehan, MD CEO, University of Rochester Medical Center Dean, School of Medicine and Dentistry Senior Vice President for Health Sciences

#### Alternate language for faculty with expiring work authorization:

I concur with the above reappointment based on excellence in the anticipated components Clinical and Teaching, effective [effective date] through [work authorization end date]. Upon renewal of work authorization, this appointment will be extended to the full complement of the reappointment period.

## Template for Chair's Letter to the Dean's Office Proposing Reappointment as Assistant Professor (anticipated components: Institutional Scholarship, Clinical, and Teaching)

Dear Dr. Baumhauer,

I am writing to propose the reappointment of [faculty member's name] as Assistant Professor of [Department] based on [her/his] excellence in the anticipated components of Institutional Scholarship, Clinical, and Teaching, for a term of [two or three] years.

[summary of faculty member's background and training, and current roles in the Department, URMC, regionally/nationally if appropriate]

[separate paragraphs describing excellence in each anticipated activity component — recognizing that, at the time of reappointment as Assistant Professor, their accomplishments in each area are typically stillemerging and do not yet fully meet the criteria for promotion in rank — using language as follows]

Institutional Scholarship: [summarize evidence for "distinctive institution-wide scientific or scholarly contributions that have a significant impact on the core missions of the SMD," as evidenced by [specific points from Regulations of the Faculty Appendix Ic]].

Clinical: [summarize evidence for "specialized professional services of the highest quality in patient care or other aspects of URMC missions" as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is most helpful to provide descriptions of the nature of the faculty member's expertise and professional services, including a general sense of how much time/effort they spend on their clinical practice. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, or impact of the faculty member's clinical activities.

Teaching: [summarize evidence for "excellence in teaching contributions," broadly defined, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is helpful to provide descriptions of the faculty member's primary educational responsibilities, including a general sense of how much time/effort they spend on these. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, influence, or impact of the faculty member's educational activities.

Service, Leadership, & National Recognition: [summarize evidence for the faculty member "using her/his expertise and skills in any of the above components to the benefit of their department, the SMD, the University, and/or their field or discipline," which may include leadership at local, regional, national, or international levels depending on career path, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]]

[Please note that the faculty member's professional efforts working with the community, or fostering an inclusive and welcoming environment, should be described as applicable to their activity components and/or as part of their service or leadership to the institution or field]

In recommending this faculty member for academic reappointment, [this faculty member has consistently demonstrated behaviors in keeping with our professionalism values, standards, and expectations] or [any significant professionalism concerns have been remediated to a degree sufficient to make this recommendation].

[Also please note that quotations from referee letters either should not be used, or should be used in de-identified form, because the faculty member will receive a copy of this letter after it is finalized.]

[Close with summary paragraph, restating the proposed reappointment, anticipated components, and term]

[chair signature]

I concur with the above reappointment based on excellence in the anticipated components of Institutional Scholarship, Clinical, and Teaching, effective [effective date] through [end date].

David C. Linehan, MD CEO, University of Rochester Medical Center Dean, School of Medicine and Dentistry Senior Vice President for Health Sciences

#### Alternate language for faculty with expiring work authorization:

I concur with the above reappointment based on excellence in the anticipated components of Institutional Scholarship, Clinical, and Teaching, effective [effective date] through [work authorization end date]. Upon renewal of work authorization, this appointment will be extended to the full complement of the reappointment period.

## Template for Chair's Letter to the Dean's Office Proposing Reappointment as Assistant Professor (anticipated components: Institutional Scholarship and Teaching)

Dear Dr. Baumhauer,

I am writing to propose the reappointment of [faculty member's name] as Assistant Professor of [Department] based on [her/his] excellence in the anticipated components of Institutional Scholarship and Teaching, for a term of [two or three] years.

[summary of faculty member's background and training, and current roles in the Department, URMC, regionally/nationally if appropriate]

[separate paragraphs describing excellence in each anticipated activity component — recognizing that, at the time of reappointment as Assistant Professor, their accomplishments in each area are typically stillemerging and do not yet fully meet the criteria for promotion in rank — using language as follows]

*Institutional Scholarship*: [summarize evidence for "distinctive institution-wide scientific or scholarly contributions that have a significant impact on the core missions of the SMD," as evidenced by [specific points from Regulations of the Faculty Appendix Ic]].

Teaching: [summarize evidence for "excellence in teaching contributions," broadly defined, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is helpful to provide descriptions of the faculty member's primary educational responsibilities, including a general sense of how much time/effort they spend on these. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, influence, or impact of the faculty member's educational activities.

Service, Leadership, & National Recognition: [summarize evidence for the faculty member "using her/his expertise and skills in any of the above components to the benefit of their department, the SMD, the University, and/or their field or discipline," which may include leadership at local, regional, national, or international levels depending on career path, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]]

[Please note that the faculty member's professional efforts working with the community, or fostering an inclusive and welcoming environment, should be described as applicable to their activity components and/or as part of their service or leadership to the institution or field]

In recommending this faculty member for academic reappointment, [this faculty member has consistently demonstrated behaviors in keeping with our professionalism values, standards, and expectations] or [any significant professionalism concerns have been remediated to a degree sufficient to make this recommendation].

[Also please note that quotations from referee letters either should not be used, or should be used in de-identified form, because the faculty member will receive a copy of this letter after it is finalized.]

[Close with summary paragraph, restating the proposed reappointment, anticipated components, and term]

[chair signature]

I concur with the above reappointment based on excellence in the anticipated components of Institutional Scholarship and Teaching, effective [effective date] through [end date]

David C. Linehan, MD CEO, University of Rochester Medical Center Dean, School of Medicine and Dentistry Senior Vice President for Health Sciences

#### Alternate language for faculty with expiring work authorization:

I concur with the above reappointment based on excellence in the anticipated components of Institutional Scholarship and Teaching, effective [effective date] through [work authorization end date]. Upon renewal of work authorization, this appointment will be extended to the full complement of the reappointment period.

## Template for Chair's Letter to the Dean's Office Proposing Reappointment as Assistant Professor (anticipated components: Research, Clinical, and Teaching)

Dear Dr. Baumhauer,

I am writing to propose the reappointment of [faculty member's name] as Assistant Professor of [Department] based on [her/his] excellence in the anticipated components of Research, Clinical, and Teaching, for a term of [two or three] years.

[summary of faculty member's background and training, and current roles in the Department, URMC, regionally/nationally if appropriate]

[separate paragraphs describing excellence in each anticipated activity component — recognizing that, at the time of reappointment as Assistant Professor, their accomplishments in each area are typically still emerging and do not yet fully meet the criteria for promotion in rank — using language as follows]

Research: [summarize evidence for "intellectually independent research in an identifiable area of scientific expertise," as evidenced by [specific points from Regulations of the Faculty Appendix Ic]]. If the faculty member's contributions are largely as part of a team (and thus largely as middle author or roles on grants other than PI), comment explicitly on the evidence (from referee letters, disciplinary background, etc.) that the faculty member is the intellectual steward of a defined portion of the work.

Clinical: [summarize evidence for "specialized professional services of the highest quality in patient care or other aspects of URMC missions" as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is most helpful to provide descriptions of the nature of the faculty member's expertise and professional services, including a general sense of how much time/effort they spend on their clinical practice. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, or impact of the faculty member's clinical activities.

Teaching: [summarize evidence for "excellence in teaching contributions," broadly defined, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is helpful to provide descriptions of the faculty member's primary educational responsibilities, including a general sense of how much time/effort they spend on these. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, influence, or impact of the faculty member's educational activities.

Service, Leadership, & National Recognition: [summarize evidence for the faculty member "using her/his expertise and skills in any of the above components to the benefit of their department, the SMD, the University, and/or their field or discipline," which may include leadership at local, regional, national, or international levels depending on career path, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]]

[Please note that the faculty member's professional efforts working with the community, or fostering an inclusive and welcoming environment, should be described as applicable to their activity components and/or as part of their service or leadership to the institution or field]

In recommending this faculty member for academic reappointment, [this faculty member has consistently demonstrated behaviors in keeping with our professionalism values, standards, and expectations] or [any significant professionalism concerns have been remediated to a degree sufficient to make this recommendation].

[Also please note that quotations from referee letters either should not be used, or should be used in de-identified form, because the faculty member will receive a copy of this letter after it is finalized.]

[Close with summary paragraph, restating the proposed reappointment, anticipated components, and term]

#### [chair signature]

I concur with the above reappointment based on excellence in the anticipated components of Research, Clinical, and Teaching, effective [effective date] through [end date]

David C. Linehan, MD CEO, University of Rochester Medical Center Dean, School of Medicine and Dentistry Senior Vice President for Health Sciences

#### Alternate language for faculty with expiring work authorization:

I concur with the above reappointment based on excellence in the anticipated components of Research, Clinical, and Teaching, effective [effective date] through [work authorization end date]. Upon renewal of work authorization, this appointment will be extended to the full complement of the reappointment period.

## Template for Chair's Letter to the Dean's Office Proposing Reappointment as Assistant Professor (anticipated components: Research and Teaching)

Dear Dr. Baumhauer,

I am writing to propose the reappointment of [faculty member's name] as Assistant Professor of [Department] based on [her/his] excellence in the anticipated components of Research and Teaching, for a term of [two or three] years.

[summary of faculty member's background and training, and current roles in the Department, URMC, regionally/nationally if appropriate]

[separate paragraphs describing excellence in each anticipated activity component — recognizing that, at the time of reappointment as Assistant Professor, their accomplishments in each area are typically stillemerging and do not yet fully meet the criteria for promotion in rank — using language as follows]

Research: [summarize evidence for "intellectually independent research in an identifiable area of scientific expertise," as evidenced by [specific points from Regulations of the Faculty Appendix Ic]]. If the faculty member's contributions are largely as part of a team (and thus largely as middle author or roles on grants other than PI), comment explicitly on the evidence (from referee letters, disciplinary background, etc.) that the faculty member is the intellectual steward of a defined portion of the work.

Teaching: [summarize evidence for "excellence in teaching contributions," broadly defined, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is helpful to provide descriptions of the faculty member's primary educational responsibilities, including a general sense of how much time/effort they spend on these. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, influence, or impact of the faculty member's educational activities.

Service, Leadership, & National Recognition: [summarize evidence for the faculty member "using his/her expertise and skills in any of the above components to the benefit of their department, the SMD, the University, and/or their field or discipline," which may include leadership at local, regional, national, or international levels depending on career path, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]]

[Please note that the faculty member's professional efforts working with the community, or fostering an inclusive and welcoming environment, should be described as applicable to their activity components and/or as part of their service or leadership to the institution or field]

In recommending this faculty member for academic reappointment, [this faculty member has consistently demonstrated behaviors in keeping with our professionalism values, standards, and expectations] or [any significant professionalism concerns have been remediated to a degree sufficient to make this recommendation].

[Also please note that quotations from referee letters either should not be used, or should be used in de-identified form, because the faculty member will receive a copy of this letter after it is finalized.]

[Close with summary paragraph, restating the proposed reappointment, anticipated components, and term]

[chair signature]

I concur with the above reappointment based on excellence in the anticipated components of Research and Teaching, effective [effective date] through [end date]

David C. Linehan, MD CEO, University of Rochester Medical Center Dean, School of Medicine and Dentistry Senior Vice President for Health Sciences

#### Alternate language for faculty with expiring work authorization:

I concur with the above reappointment based on excellence in the anticipated components of Research and Teaching, effective [effective date] through [work authorization end date]. Upon renewal of work authorization, this appointment will be extended to the full complement of the reappointment period.

## Template for Chair's Letter to the Dean's Office Proposing Reappointment as Assistant Professor (anticipated components: Scholarship and Teaching)

Dear Dr. Baumhauer,

I am writing to propose the reappointment of [faculty member's name] as Assistant Professor of [Department] based on [her/his] excellence in the anticipated components of Scholarship and Teaching, for a term of [two or three] years.

[summary of faculty member's background and training, and current roles in the Department, URMC, regionally/nationally if appropriate]

[separate paragraphs describing excellence in each anticipated activity component — recognizing that, at the time of reappointment as Assistant Professor, their accomplishments in each area are typically stillemerging and do not yet fully meet the criteria for promotion in rank — using language as follows]

Scholarship: [summarize evidence for (non-Research) scholarship "demonstrating a developed, in- depth approach of the highest quality to an area of focused interest," as evidenced by [specific points from Regulations of the Faculty Appendix Ic]].

Teaching: [summarize evidence for "excellence in teaching contributions," broadly defined, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]] It is helpful to provide descriptions of the faculty member's primary educational responsibilities, including a general sense of how much time/effort they spend on these. As applicable, it also is helpful to provide metrics or other relatively objective evidence regarding the quality, innovation, influence, or impact of the faculty member's educational activities.

Service, Leadership, & National Recognition: [summarize evidence for the faculty member "using her/his expertise and skills in any of the above components to the benefit of their department, the SMD, the University, and/or their field or discipline," which may include leadership at local, regional, national, or international levels depending on career path, as evidenced by [specific points from Regulations of the Faculty Appendix Ic]]

[Please note that the faculty member's professional efforts working with the community, or fostering an inclusive and welcoming environment, should be described as applicable to their activity components and/or as part of their service or leadership to the institution or field]

In recommending this faculty member for academic reappointment, [this faculty member has consistently demonstrated behaviors in keeping with our professionalism values, standards, and expectations] or [any significant professionalism concerns have been remediated to a degree sufficient to make this recommendation].

[Also please note that quotations from referee letters either should not be used, or should be used in de-identified form, because the faculty member will receive a copy of this letter after it is finalized.]

[Close with summary paragraph, restating the proposed reappointment, anticipated components, and term]

[chair signature]

I concur with the above reappointment based on excellence in the anticipated components of Scholarship and Teaching, effective [effective date] through [end date]

David C. Linehan, MD CEO, University of Rochester Medical Center Dean, School of Medicine and Dentistry Senior Vice President for Health Sciences

#### Alternate language for faculty with expiring work authorization:

I concur with the above reappointment based on excellence in the anticipated components of Scholarship and Teaching, effective [effective date] through [work authorization end date]. Upon renewal of work authorization, this appointment will be extended to the full complement of the reappointment period.

#### UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY

#### A "FAST TRACK" PROCESS FOR PRELIMINARY REVIEW OF PROPOSED NEW SENIOR FACULTYAPPOINTMENTS OR PROMOTIONS

#### A <u>JUSTIFICATION</u>:

- When recruiting candidates for senior faculty appointments (i.e., associate professor and professor) in either basic or clinical sciences, the pool of viable candidates is frequently small, recruitment processes and negotiations may be protracted and, once a candidate accepts the offer, timelines for meeting a mutually desirable appointment start date are frequently short.
- Because of the above, an initial appointment as "Interim Professor" has often been used as a mechanism to allow the faculty member to be placed on the University of Rochester payroll and begin working, while awaiting the assembly and final review of all required appointment materials by the *ad hoc* and Steering Committees.
- Frequent use of such a mechanism creates problems –amongthem:
  - ❖ It anticipates and presumes endorsement by the *ad hoc* and Steering Committees of a permanent appointment as stipulated intheofferletter.
  - ❖ It has the potential for creating significant conflicts within these committees. Steering Committee members often feel conflicted, as they try to make objective judgments and recommendations freeofbias.

The process outlined on the following page is designed to minimize these conflicts. The proposed approach takes advantage of the Office of Academic Affairs' accumulated experience and expertise in offering to department chairs and center directors an <u>informal</u> assessment of the candidate's academic credentials for the proposed rank/components <u>prior</u> to the completion of the recruitment process. The goal is to increase the likelihood that provisions in the final offer letter with respect to rank and components will be more consistent with what the ultimate recommendation of the *ad hoc* and Steering Committees mightbe.

#### **B PROCEDURE**:

- 1) Before an offer letter for a senior faculty appointment (i.e., associate professor or professor) in any of the academic components (Research, Scholarship Institutional Scholarship, Clinical, plus Teaching) is finalized, and optionally before an internal promotion is proposed, the department chair and/or center director will submit to the Academic Affairs office (i.e., Vice Dean for Academic Affairs (SADAA)) thefollowing:
  - (a) A <u>brief</u> memo summarizing: (i) key elements in the candidate's current position, research interests, special expertise and academic/professionalcontributions;
     (ii) the candidate's proposed role in the department and medical center with emphasis on the importance of the recruitment/promotion in meeting major programmatic, clinical, and/or research needs; (iii) the candidate's proposed rank, activity components and (when applicable) anticipated administrative leadership role.
  - (b) An up-to-date copy of the candidate's CV.
  - (c) Three to four internal and/or external lettersofrecommendation.
    - Note: This requirement should be easily met. For the former, internal memos to the chair from individuals who may know or who have interviewed the candidate during visits are an appropriate substitute. For the latter, the department should already have on hand the customary number of letters of recommendation in conjunction with the candidate's initial application.
- 2) Upon receipt, the SADAA will review the above material and then either: (i) <u>make a recommendation</u>, within one week, with respect to the proposed rank and activity <u>components or any other issue</u> that may need to be addressed by the department prior to constructing the final offer letter or chair's letter of recommendation; or (ii) ask one or two members <u>of the Steering Committee (SC)</u> to review the material and make a recommendation to the SADAA <u>within one week</u>. The SADAA will transmit the above (anonymized) recommendation to the department chair/center director. This recommendation may be made via CONFIDENTIAL e-mail and, if the chair agrees, he/she will incorporate the SADAA's recommendation in the offer letter or his/her letter of recommendation forthepromotion.
- 3) Once the candidate accepts the offer, in writing, the department will promptly initiate the process to assemble the full complement of materials for the normal appointment or promotion process. When the complete dossier is received in the Academic Affairs' office, the SADAA will appoint the customary 3-member *ad hoc* committee, chaired by the SC member who served in the fast-trackprocess.

#### SMD Faculty Ranks and Job Profile

#### Appendix F

| Faculty Rank/Functional Title   | Job Profile | HR Descriptor <sup>1</sup>     | SMD Appt Type <sup>2</sup> |
|---------------------------------|-------------|--------------------------------|----------------------------|
| Professor                       | UR0001      | Professor: TE, T, R, S         |                            |
| Associate Professor             | UR0003      | Assoc Prof: TE, T, R, S        | Accelerate                 |
| Assistant Professor             | UR0005      | Asst Prof: TE, T, R, S         | Academic Appointments      |
| Senior Instructor               | UR0007      | Sr Instruct: T, R, S           | Арропипенся                |
| Instructor                      | UR0009      | Instruct, T, R, S              |                            |
| Faculty Rank/Functional Title   | Job Profile | HR Descriptor <sup>1</sup>     | SMD Appt Type <sup>2</sup> |
| Professor of Clinical           | UR0046      | Professor: T, S, Sp            |                            |
| Associate Professor of Clinical | UR0048      | Assoc Prof: T, S, Sp           |                            |
| Assistant Professor of Clinical | UR0060      | Asst Prof: T, S, Sp            |                            |
| Senior Instructor of Clinical   | UR0072      | Sr Instruct: T, S, Sp          |                            |
| Instructor of Clinical          | UR0080      | Instruct: T, S, Sp             |                            |
| Senior Associate                | UR0073      | Sr Assoc Profl: T, S, Sp, Qual | Professional               |
| Associate                       | UR0143      | Assoc Profl: T, S, Sp, Qual    | Appointments               |
| Assistant                       | UR0144      | Asst Profl: T, S, Sp, Qual     |                            |
| Associate Professor (Service)   | UR0111      | Assoc Prof: T, S               |                            |
| Assistant Professor (Service)   | UR0110      | Asst Prof: T, S                |                            |
| Senior Instructor (Service)     | UR0010      | Sr Instruct: T, S              |                            |
| Instructor (Service)            | UR0044      | Instruct: T, S                 |                            |
| Faculty Rank/Functional Title   | Job Profile | HR Descriptor <sup>1</sup>     | SMD Appt Type <sup>2</sup> |
| Research Professor              | UR0038      | Professor: R, S                | Dagagala                   |
| Research Associate Professor    | UR0040      | Assoc Prof: R, S               | Research Appointments      |
| Research Assistant Professor    | UR0042      | Asst Prof: R, S                | Appointments               |
| Faculty Rank/Functional Title   | Job Profile | HR Descriptor <sup>1</sup>     | SMD Appt Type <sup>2</sup> |
| Clinical Professor              | UR0027      | Professor: T, Sp               |                            |
| Clinical Associate Professor    | UR0029      | Assoc Prof: T, Sp              |                            |
| Clinical Assistant Professor    | UR0031      | Asst Prof: T, Sp               |                            |
| Clinical Senior Instructor      | UR0033      | Sr Instruct: T, Sp             | Voluntary                  |
| Clinical Instructor             | UR0035      | Instruct: T, Sp                | Appointments               |
| Clinical Senior Associate       | UR0036      | Clin Sr Assoc: T, Sp, Qual     |                            |
| Clinical Associate              | UR0150      | Clinical Assoc: T, Sp, Qual    |                            |
| Clinical Assistant              | UR0145      | ClinicalAsst: T, Sp, Qual      |                            |

SMD Faculty Ranks and Job Profile

| Faculty Rank/Functional Title | Job Profile | HR Descriptor <sup>1</sup> | SMD Appt Type <sup>2</sup> |
|-------------------------------|-------------|----------------------------|----------------------------|
| Adjunct Professor             | UR0037      | Professor: T               |                            |
| Adjunct Associate Professor   | UR0039      | Assoc Prof: T              | ], ,,                      |
| Adjunct Assistant Professor   | UR0041      | ASST Prot: I               | Adjunct appointments       |
| Adjunct Senior Instructor     | UR0043      | Sr Instruct: T             | арропипения                |
| Adjunct Instructor            | UR0045      | Instruct: T                |                            |

| Faculty Rank/Functional Title | Job Profile | HR Descriptor <sup>1</sup> | SMD Appt Type <sup>2</sup>          |
|-------------------------------|-------------|----------------------------|-------------------------------------|
| Visiting Professor            | UR0047      | Professor: T, R            |                                     |
| Visiting Associate Professor  | UR0049      | Assoc Prof: T, R           | ],, / <u>-</u>                      |
| Visiting Assistant Professor  | UR0057      | Asst Prof: T, R            | Visiting/ Temporary<br>Appointments |
| Visiting Senior Instructor    | UR0059      | Sr Instruct: T, R          |                                     |
| Visiting Instructor           | UR0061      | Instruct: T, R             |                                     |

| Faculty Rank/Functional Title | Job Profile | HR Descriptor <sup>1</sup> | Appt Type <sup>2</sup> |
|-------------------------------|-------------|----------------------------|------------------------|
| Chief, Interim Division Chief | URO142      | Chief                      |                        |
| Assistant Chair               | UR0112      | Asst Chair                 |                        |
| Chair, Vice Chair             | UR0119      | Chair                      |                        |
| Assistant Director            | UR0114      | Asst Director              |                        |
| Director, Co-Director         | UR0138      | Director                   |                        |
| Assistant Dean                | UR0113      | Asst Dean                  |                        |
| Associate Dean                | UR0117      | Assoc Dean                 | Administrative         |
| Senior Associate Dean         | UR0140      | Senior Associate Dean      |                        |
| Dean, Vice Dean               | UR0137      | Dean                       |                        |
| Assistant Vice Provost        | UR0116      | Asst Vice Provost          |                        |
| Associate Vice Provost        | UR0118      | Assoc Vice Provost         |                        |
| Vice Provost                  | UR0141      | Vice Provost               |                        |
| Provost                       | UR0139      | Provost                    |                        |

| Faculty Rank/Functional Title          | Job Profile | HR Descriptor <sup>1</sup>   | Appt Type <sup>2</sup> |
|--|-------------|------------------------------|------------------------|
| Professor Emeritus NO PAY, or Clinical |             |                              |                        |
| Professor Emeritus NO PAY (not to be   |             |                              |                        |
| used for any other voluntary faculty   |             |                              |                        |
| type)                                  | UR0115      | Professor Emeritus           | Post retirement        |
| For academic faculty                   |             |                              | r ost retirement       |
| Professor (part-time)                  | UR0124      | Professor: T, R, S           |                        |
| Associate Professor (part-time)        | UR0125      | Associate Professor: T, R, S |                        |

 $<sup>^{1}\</sup>mathrm{HR}$  Descriptors are for HR reporting purposes and do not reflect SMD academic components or faculty responsibilities

 $<sup>^2 \</sup>text{SMD}$  Appointment Type definitions can be found in the SMD Regulations of the Faculty or in the SMD Required Paperwork

## SMD Faculty Ranks and Job Profile **APPENDIX G- URSMD ACADEMIC AFFAIRS – Faculty Demographics Form**

For Departmental Completion only

| ΤΟΙ ΒΕΡ                                     | ditiliental completion only   |     |    |  |  |  |
|---|---|-----|----|--|--|--|
| Faculty Member Name:                        |   |     |    |  |  |  |
| Department:                                 | Appointment (Start) Date:   |     |    |  |  |  |
| For faculty member completion, a            | response is required to all questions not marked optional   |     |    |  |  |  |
| Date of Birth:                              | Did you apply via URFacultySearch?  | Yes | no |  |  |  |
| Place of Birth:                             | Comment*: *optional   |     |    |  |  |  |
| What is your gender? (Select allthat apply) | Are you Hispanic or Latino?   |     |    |  |  |  |
| Man   | Yes   |     |    |  |  |  |
| Non-Binary                                  | No Post   |     |    |  |  |  |
| Woman                                       | Prefer not to Provide   |     |    |  |  |  |
| Prefer to self-describe                     | What is your race? (select one or more)   |     |    |  |  |  |
|   | American Indian or Alaska Native<br>Asian<br>Black or African American<br>Native Hawaiian or Pacific Islander |     |    |  |  |  |
| Prefer not to Provide                       | White   |     |    |  |  |  |

Prefer not to Provide

## **APPENDIX H**

## UR SMD CV TEMPLATE

## SMD Faculty Ranks and Job Profile UR SMD CV TEMPLATE

#### Appendix II (revised May 2021)

[Bracketed italicized text is provided for guidance — please delete from your CV and replace with your information. Also, please delete category headings that are not applicable.]

[name, degree] | [month, year CV updated] p. X

## UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & DENTISTRY CURRICULUM VITAE

#### [Name, Degree]

[full mailing address] Telephone: | Fax:

E-Mail:

[optional] Date of Birth:

[optional] Citizenship:

[optional] Pronouns:

#### **CURRENT POSITIONS**

[list here only what you want visible at first glance; all listed in this section will be repeated in various sections below]

[current academic appointment / department]

[any other major leadership / administrative title/role]

University of Rochester School of Medicine & Dentistry, Rochester, NY

#### **EDUCATION**

[years] [degree, institution, location]

#### POST-DEGREE TRAINING

[include residency, fellowship, postdoc training, or certificate programs or other major non-degree-granting educational programs taken; do not list all continuing education activities taken] [for each, list:]

[years] [type of training/field, institution, location]

#### PROFESSIONAL LICENSURE & CERTIFICATIONS

[years] [type of license, licensing state or agency]

[years] [specialty board/field, indicate if initial certification or maintenance of certification]

#### **FACULTY APPOINTMENTS**

[years] [rank/title, department, institution, location]

#### **HOSPITAL & ADMINISTRATIVE APPOINTMENTS**

[years] [role/title, department if relevant, institution/organization, location]

#### PROFESSIONAL NON-ACADEMIC EMPLOYMENT HISTORY

[years] [role/title]

#### **HONORS AND AWARDS**

[year] [name of honor/award, institution or organization]

#### **ACADEMIC & PROFESSIONAL ORGANIZATIONS**

## SMD Faculty Ranks and Job Profile [if helpful, consider using subheadings for local/regional vs national/international]

[years] [organization in which you are a member]

[year] [any appointed/elected role beyond membership, e.g., elected as a fellow, boardof

directors or officer role]

#### **COMMITTEES & OTHER ADMINISTRATIVE SERVICE**

[may use subheadings, e.g., UR Department of {primary department}, URExtra-Departmental, Local/Regional, National, International]

[under each subheading, list as follows:]

[years] [role, name of committee or assignment, specify if departmental, school or other organizational unit if not already clear from title and subheading]

#### PROFESSIONAL SERVICE ASSIGNMENTS

[only include those not covered by categories above]

#### **EDUCATIONAL CONTRIBUTIONS**

[Subheading for type of learner; use subheadings such as undergraduate, graduate student, medical student, resident, postdoctoral fellow, junior faculty, continuing education {including local/regional presentations} — may further subdivide into UR vs regional, national, international if relevant] [under each subheading, list as follows:]

[years] [role/title {making clear if role involves teaching, assessment, curriculum development, mentoring/advising, or leadership/administration}, context/educational program, terse description of what the role involves {if needed}, terse description of how much time involved {if relevant, e.g., "0.20 FTE," "4 hours/week x 8 weeks/year"} or mentoring role {e.g., may use \* to denote primary mentee if applicable}]

#### **COMMUNITY ACTIVITIES**

[may include local, regional, national, or international community engagement or service]
[years] [role, organization, other description if needed]

#### **VISITING PROFESSORSHIPS & NAMED LECTURESHIPS**

[dates] [title/role, institution, location]

#### EXTERNAL ADVISORY / HEALTH COUNCILS & RESEARCH REVIEW COMMITTEES

[dates] [role, organization/agency, location]

#### **CONSULTATIONS**

[dates] [role, agency/institution/organization, location]

#### EDITORIAL ASSIGNMENTS IN PROFESSIONAL JOURNALS

#### Ad hoc reviews for:

[list journals]

#### **Editorial Assignments**

[may use subheadings to denote Editorial Board vs Editor & Associate Editor roles if desired]
[dates] [title/role, journal]

#### **PATENTS & INVENTIONS**

[inventors, invention, country, patent number, granted date]

#### **GRANTS & CONTRACTS**

#### As Principal Investigator / Co-Principal Investigator

[for each, list P.I.s and Co-P.I.s, % effort supported, mechanism/type of funding, project name/title,

SMD Faculty Ranks and Job Profile funding agency, dates, total costs, and terse description of project or your role if needed]

#### **Other Roles**

[for each, list P.I.s and Co-P.I.s, your role, % effort supported, mechanism/type of funding, project name/title, funding agency, dates, total costs, and terse description of project or your role if needed]

#### UNFUNDED / OTHER RESEARCH PROJECTS

[for each significant project, list dates, role, % effort supported {if applicable}, project name/title, source of support {if applicable}, terse description of project]

#### **PRESENTATIONS**

\* denotes trainee / supervisee

[conferences refer to work submitted for presentation]

#### Local, Regional, & State Conferences

[date] [authors, title, type of presentation {if applicable, e.g., poster, symposium}, meeting/organization name, location]

#### **National & International Conferences**

[authors, title, type of presentation {if applicable, e.g., poster, symposium}, meeting/organization name, location]

#### **Invited Presentations: Local, Regional, & State**

[title, meeting/organization/institution name, location] [date]

#### **Invited Presentations: National & International**

[date] [title, meeting/organization/institution name, location]

#### **PUBLICATIONS**

\* denotes trainee / supervisee

[may include 'Published Abstracts' section if desired, but for most, this will be 'covered' above under presentations at meetings]

#### **Peer-Reviewed Journal Articles**

[numbered list with authors, title, journal, volume, pages, year]

#### Books, Monographs, Chapters, & Reviews

[numbered list with authors, title, journal or book title, volume, pages, year]

#### Letters, Editorials, & Other Publications

[numbered list with authors, title, journal/venue, volume, pages, year]

#### Other Media

[i.e., any non-print media / enduring materials including webinars]

[numbered list with authors, title, type of media, issue/volume/pages {if applicable}, publisher {if applicable}, date] [include brief metrics if helpful to demonstrate reach/impact]

# Appendix I Chair Attestation

## Primary Reappointment Chair attestation Document for Reappointment of Associate Professor and Professor\*

| Name:  | Reappointment Term:   |
|--|---|
| - I  | ck of the faculty member's annual review<br>Path or by paper submission) and current CV was   |
| A discussion regarding the faculty mer goals was performed.  | mber's current rank, academic interests and future  |
|  | ia, timeline and components (teaching, clinical and institutional scholarship and service) a area of interest were discussed.   |
| The teaching evaluations of the faculty program were discussed.  | y member and/or contributions to the educational  |
| statements is true: a) this faculty mem keeping with our Professionalism value professionalism concerns have been real of Applicable:  If Research Associate Professor or Research | for reappointment, one of the following aber has consistently demonstrated behaviors in es, standards and expectations; or b) any significant emediated to a degree sufficient to make this recommendation. |
| for the entire appointment period:   |   |
| Faculty Signature  | Chair Signature   |
| Print Faculty Name   | Print Name  |
| Department:  |   |

<sup>\*</sup>applicable faculty titles: Professor, Professor of Clinical, Research Professor, Clinical Professor, Associate Professor, Associate Professor of Clinical, Research Associate Professor, Clinical Associate Professor

Appendix J
Joint Chair
Attestation

#### SMD Faculty Ranks and Job Profile

#### CHAIR/CENTER DIRECTOR ATTESTATION FOR JOINT REAPPOINTMENTS

| Faculty Member Name   |  |                              |               |                        |       |
|---|--|------------------------------|---------------|------------------------|-------|
| Primary Department/Center   |  |                              |               |                        |       |
| Reappointing Department/Center  |  |                              |               |                        |       |
| Faculty Rank  | Please Select Faculty Rank             |                              |               |                        |       |
| Term of secondary reappointment   |  | to                           |               |                        |       |
| Term of primary appointment   |  | to                           |               |                        |       |
| Secondary department please check In recommending this facult demonstrated behaviors in | ty member for reappoint                |                              |               |                        |       |
| This faculty member remain  | s in good standing and                 | is an active parti           | cipant in the | Department/Center      | of    |
| Chair Signature Print Chair Name  | Center Director  Print Center Director |                              |               | Center Director Signal |       |
| Primary School Dean's Office Signature  | Second                                 | dary School Office Signature |               | nair/Center Director N | valle |

# Appendix K Faculty Departure Form

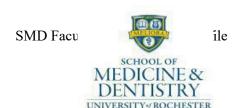


SMD Faculty Ranks and Job Frofile Faculty Departure Form
For completion by departing faculty

Submit completed form to primary department chair Department upload to Academic Affairs as soon as completed

|   | 1  |  |  |  |  |
|---|--|--|--|--|--|
| Name (Printed)/degree   |  |  |  |  |  |
| Primary Department/Division   |  |  |  |  |  |
| Faculty Title (i.e., Professor, Associate Professor, etc.)  |  |  |  |  |  |
| Last day of work  |  |  |  |  |  |
| Reason for leaving UR School of Medicine & Dentistry  |  |  |  |  |  |
| ·   | Retirement                                 |  |  |  |  |
|   |  |  |  |  |  |
|   | Appointment ended                          |  |  |  |  |
|   | Leaving for position elsewhere             |  |  |  |  |
|   | Deceased (Attach obituary or announcement) |  |  |  |  |
|   | Other:                                     |  |  |  |  |
|   |  |  |  |  |  |
| If leaving for position elsewhere, please provide your  |  |  |  |  |  |
| forwarding contact information.   | Employer Name:                             |  |  |  |  |
|   | Email:                                     |  |  |  |  |
|   | Ellian                                     |  |  |  |  |
|   | Mailing Address:                           |  |  |  |  |
| I acknowledge that my faculty position at the UR School of Medicine and Dentistry will end effective on the date indicated above.  Faculty signature                |  |  |  |  |  |
|   |  |  |  |  |  |
| EXIT Interview Opportunity  |  |  |  |  |  |
| We are offering a voluntary <b>confidential exit interview</b> to all interested faculty members departing SMD. Please choose from <b>one of the options</b> below: |  |  |  |  |  |
| Yes, I would like to participate in an IN-PERSON 1:1 inte<br>Interviews will take approximately <b>30-45 minutes</b> .  | erview.                                    |  |  |  |  |
| Provide an email address for the Office of Wellbeing or the Office of Academic Affairs to contact you:  |  |  |  |  |  |
| <u>OR</u>   |  |  |  |  |  |
| Yes, I would like to participate in an ONLINE EXITSURY  Link to RedCap Survey here  | VEY  |  |  |  |  |
| I do not wish to participate in an exit interview or on-line survey.  |  |  |  |  |  |
| FOR DEPARTMENT U  | SE ONLY                                    |  |  |  |  |
| Date faculty departure initiated in MyURHR  |  |  |  |  |  |

## Appendix L External Reviewer Relationship to Candidate form



Completed by:

### **External Reviewer Relationship to Candidate Form**

Please submit this form with your letter of review.

Date:

| Candidate Name:   |           |  |  |  |  |
|---|-----------|--|--|--|--|
| Do you know this Candidate? If yes, how long:years  Do you feel you can conduct a review of the candidate's work without bias or conflict of interest (CO | —–<br>I)? |  |  |  |  |
| Yes No (if no, please reach out to requestor to decline participation.)   |           |  |  |  |  |
| A Which of these items describes your relationship to the candidate and your knowledge of theirwork.  |           |  |  |  |  |
| (check all that apply)  |           |  |  |  |  |
| Elaborate on your relationship in the first paragraph of your letter as to why it is not a COI if needed.   |           |  |  |  |  |
| Present or past colleague at same institution (as students or trainees together, Postdoctoral fellow or   |           |  |  |  |  |
| faculty member)   |           |  |  |  |  |
| Present or past colleague in a national professional organization with close collaboration(s)   |           |  |  |  |  |
| Past teacher or supervising mentor  |           |  |  |  |  |
| Participated in the candidate's clinical or research training or they participated in my research   |           |  |  |  |  |
| We have coauthored an abstract, manuscript or book, or other publication  |           |  |  |  |  |
| We have been Co-Inv, or Co-PI on a research project, grant, or contract   |           |  |  |  |  |
| Other collaborations within the past 3 years, please describe:  |           |  |  |  |  |
|   |           |  |  |  |  |
| B. Knowledge of candidate's work based on: (check all that apply and elaborate in yourletter)   |           |  |  |  |  |
| I have read their CV  |           |  |  |  |  |
| I have read their publications  |           |  |  |  |  |
| Scientific presentations  |           |  |  |  |  |
| Participation on committees (review panel, national committee, study section, advisory board, etc.)   |           |  |  |  |  |
| The candidate's scholarship or body of work has engendered a national/international reputation  |           |  |  |  |  |
| Personal knowledge and discussions  |           |  |  |  |  |
| Other (please provide details in your letter):  |           |  |  |  |  |
|   |           |  |  |  |  |
|   |           |  |  |  |  |
|   |           |  |  |  |  |
|   |           |  |  |  |  |
|   | 1         |  |  |  |  |



## C Indicate areas of expertise you feel comfortable providing comment regarding thecandidate: (check all that apply)

Elaborate in your letter evidence to support your assessment.

| Research excellence                        |  |
|--|--|
| D. Resource Link for University of Rochest | ter School of Medicine and Dentistry PromotionCriteria |
| Name of Reviewer:                          |  |
| Signature of Reviewer:                     | Date:  |
|  |  |

Clinical expertise
Teaching excellence
Scholarly productivity

Form created 6/2024/tgm