

Name:

Rank:

Type of review:

Review period

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Certification

CERTIFICATION STATEMENT: LIBRARIAN SERIES

BERKELEY CAMPUS

Section V.I. of the University of California and University Federation of Librarians Agreement states: "...a Certification Statement shall be signed by the candidate certifying that the prescribed procedures have been followed. ... The Certification Statement and the Documentation Checklist shall be included in the academic review file."

(NAME) _____

certifies that prescribed procedures have been followed and a Documentation Checklist has been included in the academic review file.

SIGNATURE: _____

DATE: _____

DOCUMENTATION CHECKLIST for LIBRARIAN SERIES

Date Prepared: _____

Name: _____ Department: _____

Present rank (*not applicable for new appointments*): _____ Salary Point: _____

Proposed rank: _____ Salary Point: _____

Does this review involve career status? yes no

Period of review: _____ - _____

Proposed effective date of action: _____

CHECKLIST: (Each item must be checked, "X" or a check mark indicates documentation included. "0" indicates that the documentation is not included.)

- Review Initiator's evaluation and recommendation (*signed by candidate, review initiator and department head*)
- Self-evaluation of Candidate (*signed by candidate*)
- Extramural Letters (*not required for standard merit cases*)
- Updated CV or Biography (Form 1501 preferred)
- Publications
- Certification Statement

Other Information: (*if not included in above mentioned items*)

- Explanation of Urgency
- Explanation of Lateness
- If acceleration is recommended, state justification

The Documentation Checklist is designed to assist in assembling appropriate documentation for cases involving merit increases, promotions and career status which are subject to review by Peer Review Committees.

A Documentation Checklist must accompany each case or the case will be returned to the department/unit.

Cases involving appointments split between two or more units require a Documentation Checklist from each unit. The Home Department is usually responsible for supplying the biography and publications.

*X = Submitted with this case
0 = Not included (the reason will be explained by the Librarian under review.)

Self-Evaluation

RI Evaluation

AUL/Director/Dean Evaluation

External Letters

Supporting Documents

Academic Biography



BIOGRAPHY for ACADEMIC PERSONNEL U1501 (R7/92)

THIS PAGE IS NOT TO BE RELEASED TO THE PUBLIC

PLEASE PRINT OR TYPE

To be filled in by Department

Campus Berkeley Department Title(s)

Name Last First Middle Mr. Mrs. Miss Ms. (optional)

Prior University Experience? Yes No If "Yes", list on the following page.

Permanent Home Address Street City State Zip Telephone

Current Home Address Street City State Zip Telephone

Current Business Address Street City State Zip Telephone

Date of Birth Are you a citizen of the U.S.? Yes No

If Not a Citizen of the U.S., Date Entered U.S. Type of Visa

Name and permanent address of person to be contacted in case of emergency:

Name

Street City State Zip Telephone

Relatives employed by the University:

Name Relationship Department

PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal reason for requesting the information on this form is for purposes of academic personnel administration and University public relations. University policy authorizes maintenance of this information. For academic personnel administrative purposes, furnishing all information on this form is mandatory and failure to provide it may result in denial of the action for which you are completing the form.

Information on education, honors, awards, and/or publications has been declared releasable by the courts and, therefore, will be released to the public, upon request.

Individuals have the right to review their own records in accordance with Academic Personnel Manual Section 160. Information on this policy can be obtained from campus or Office of the President Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are the campus Academic Vice Chancellors.

NONDISCRIMINATION STATEMENT

The University of California, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Age Discrimination in Employment Act of 1967, does not discriminate on the basis of race, color, national origin, religion, sex, handicap, or age in any of its policies, procedures, or practices; nor does the University, in compliance with Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, and Section 12940 of the State of California Government Code, discriminate against any employees or applicants for employment because they are disabled veterans or veterans of the Vietnam era, or because of their medical condition (as defined in Section 12926 of the California Government Code), their ancestry, or their marital status; nor does the University discriminate on the basis of citizenship, within the limits imposed by law or University policy; nor does the University discriminate on the basis of sexual orientation. This nondiscrimination policy covers admission, access, and treatment in University programs and activities, and application for the treatment in University employment.

In conformance with University policy and pursuant to Executive Orders 11246 and 11375, Section 503 of the Rehabilitation Act of 1973, and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, the University of California is an affirmative action/equal opportunity employer.

Inquiries regarding the University's equal opportunity policies on academic employee-related matters may be directed to: SVP-AA (510) 987-9020.

RETENTION PERIOD: Record Copy - Senate Member: 5 years after separation to permanent. Non-Senate Member: 5-10 years after separation.

All Other Copies: 0-5 years after separation.

Name _____

Department _____

EDUCATION

DATES OF ATTENDANCE	NAME OF SCHOOL, COLLEGE, UNIVERSITY, OR HOSPITAL (INTERN & RESIDENT)	LOCATION	MAJOR SUBJECT OR FIELD	DEGREES OR CERTIFICATES	DATE RECEIVED

Please indicate areas of sub-specialization, if any. Also include special licenses or permits.

Memberships: Please list membership in scholarly societies, accreditation boards, civic organizations, etc. You may exclude any organization the name or character of which may indicate the race, religion, or national origin of its members.

Honors, Awards: Please list honors or awards such as Fulbright grants, Woodrow Wilson scholarships, special lectureships, medals, etc. and dates received.

Name _____

Department _____

PUBLISHED WRITINGS and/or CREATIVE ACTIVITIES

Published writings and/or creative activities may be listed here or appended separately.

Please check box if you are attaching information.

Signature _____ Date _____