



**NMU Faculty Evaluation Processing Form**  
(Please attach to front of Evaluation Materials)

Evaluation Period \_\_\_\_\_

Faculty Member: \_\_\_\_\_  
(name) (signature)

Department: \_\_\_\_\_

Present Rank: \_\_\_\_\_ Date Received: \_\_\_\_\_

Highest Degree: \_\_\_\_\_ Year Awarded: \_\_\_\_\_ School: \_\_\_\_\_

Full-Time Years at NMU: \_\_\_\_\_ Years Prior Service Credit: \_\_\_\_\_ Date Hired: \_\_\_\_\_  
(excluding current academic year) (from appointment letter) (at NMU)

Tenure Status: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

**NMU Faculty Evaluation Processing Form Part V**

Faculty Member: \_\_\_\_\_

Faculty evaluations contain four (4) parts that precede this page. The following signatures below do not indicate concurrence or nonconcurrence with the substance of the evaluation; they indicate only that the signer had read Parts I, II, III and IV of the evaluation.

If this evaluation does not involve application for promotion and/or tenure, the faculty member and/or the dean may append a statement to this form if they so choose.

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Updated: February 2004  
Academic Affairs

**NMU/AAUP  
REQUEST FOR AUTHORIZATION TO PERFORM CONSULTANT SERVICE**

This authorization is requested by:

Name: \_\_\_\_\_

Rank: \_\_\_\_\_

Department: \_\_\_\_\_

This work will be done for:

Name of firm or agency:

\_\_\_\_\_  
(Name of firm, agency, etc.)

- \_\_\_ Municipal or county
- \_\_\_ State of Michigan
- \_\_\_ Federal
- \_\_\_ Private foundation
- \_\_\_ Private industry
- \_\_\_ Other

During the period:

\_\_\_\_\_/\_\_\_\_\_  
Beginning date                      Ending date

For each month during the consulting period, list the amount of estimated hours:

Month	Hours

This arrangement is in compliance with Article VI, Section 6.6, of the Agreement between the Board of Trustees and the AAUP-NMU Chapter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT:**

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Dean or Director: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution of copies:      Faculty Member  
   Department Head  
   Dean or Director,  
   PVPAA

**HOUSEHOLD MEMBER PROGRAM ENROLLMENT FORM  
AND  
AAUP FACULTY AFFIDAVIT**

I WISH TO ENROLL THE FOLLOWING HOUSEHOLD MEMBER IN THE NMU HEALTH CARE PLAN:

Name of Household Member: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
(PRINT: First, Middle Initial, Last)

Household Member Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CERTIFICATION AND SIGNATURE:**

*This is to certify that the person named above meets all the eligibility criteria for the Household Member. I understand that I will be responsible for paying any costs for enrollment in the plan and any taxes associated with enrolling a Household Member.\* I also understand that any information falsified on this document may result in discipline up to and including termination from employment.*

Faculty Member Name: \_\_\_\_\_ IN: \_\_\_\_\_  
(First, Middle Initial, Last)

Faculty Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The Employer cost of providing health benefits for Household Members is considered ordinary income and is, therefore, subject to taxes, including social security, Medicare, federal and state taxes.

**AFFIDAVIT OF TERMINATION OF BENEFITS  
FOR  
HOUSEHOLD MEMBER**

I, \_\_\_\_\_, affirm the health benefit coverage for my Household Member  
(Print name of faculty/staff member)

listed on the Enrollment Form dated \_\_\_\_\_, should be terminated as of  
\_\_\_\_\_.

Termination of coverage for my Household Member is due to (check one):

- \_\_\_\_\_ Household Member no longer meets the required eligibility criteria
- \_\_\_\_\_ Death of Household Member
- \_\_\_\_\_ Coverage no longer needed by the Household Member (obtained other coverage)

**I HEREBY AGREE TO MAIL A COPY OF THIS AFFIDAVIT TO MY SURVIVING FORMER HOUSEHOLD MEMBER.**

\_\_\_\_\_  
Faculty/Staff Member Signature Date



NORTHERN MICHIGAN UNIVERSITY  
FACULTY EVALUATION REPORT

Evaluation Period \_\_\_\_\_  
(1-2 Calendar Years)

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Part I

1. Faculty member's statement of accomplishments during the evaluation period
  - 1.1 in teaching, counseling, or librarianship; (attach statements, materials, and supporting documents, including student evaluation information)
  - 1.2 in research, scholarship, creative endeavors, consulting, and other activities in professional development; (attach statements, materials, and supporting documents)
  - 1.3 in service on committees, to the student body, and professionally related community service; (attach statements, materials, and supporting documents)
2. Faculty member's statements of plans for the coming year (or evaluation period). The faculty member is asked to be specific in identifying assignments and plans in the area of teaching, research and service. The faculty members should note when such plans are contingent upon University or outside support (e.g., travel, sabbatical request, Fulbright application, released time for research).

Part II

Statements by the departmental evaluation committee and the department head.

3. The statement by the committee shall comment on each section of Part 1 above and, when appropriate, indicate any improvement needed or any goals or standards to be achieved in order to be recommended for tenure and/or promotion, as defined by departmental bylaws.

Committee's Statement:

\_\_\_\_\_  
Chairperson of Departmental  
Evaluation Committee

4. Department head's statement will indicate concurrence or nonconcurrence with the committee's evaluation or recommendation.

Department Head's Statement:

\_\_\_\_\_  
Department Head

The signatures below do not indicate concurrence or nonconcurrence with the substance of the evaluation; they indicate only that the signer has read the evaluation. The faculty member or the dean may append a statement if that is considered necessary.

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

cc: Provost & VP for Academic Affairs

(Form approved 3/14/86; Updated 2/04)  
Academic Affairs