# PBSC Continuing Contract:

# Faculty Action Plan

This form is designed to provide a formal plan of action for continuing-contract-track faculty member who has received a rating of “Off-Track” on any portion of Annual Review completed by their supervisor.

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| **Faculty Name**  |       |
| **Supervisor:** |       |
| **Job Title:** |       |
| **Period Covering:** |       |
| **Division/Dept:** |       |

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| Description of the concern(s) noted by the supervisor. |
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| Step(s) needed to correct the concern. Include a timeline to indicate a completion date for each step. |
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Faculty Action Plan

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| Support necessary to accomplish steps. |
|       |

\*\* **This form does not go to Human Resources.**

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Faculty’s Signature Date: Click or tap to enter a date.

☐ I give permission for this document to be shared with Faculty Developers.