

APPENDIX A-1

PROFESSIONAL ACTIVITIES AND RESPONSIBILITIES: FACULTY
(INCLUDING PROFESSIONAL MARITIME FACULTY)

Name: _____

DIRECTIONS:

Check off within categories I and II, and within category III if applicable, the activity or activities in which you have engaged and provide supportive materials evidencing them.

Category I **CONTINUING SCHOLARSHIP (Check at least one)**

- ___ Contribution to the content of the discipline
- ___ Participation in or contribution to professional organizations and societies
- ___ Research as demonstrated by published or unpublished work
- ___ Artistic or other creative activities (where applicable)
- ___ Work toward the terminal degree or relevant post graduate study
- ___ Other (Explain): _____

Category II **PROFESSIONAL ACTIVITIES (Check at least one)**

- ___ Public service
- ___ Contributions to the professional growth and development of the College community (including academic advising of students in excess of 30 assigned at the beginning of a semester)
- ___ Other (Explain): _____

Category III **ALTERNATIVE ASSIGNMENTS (If applicable)**

- ___ Department Chair
- ___ Counseling Center
- ___ Article XII, Section D, Alternative Professional Responsibilities Assignment
- ___ Article XIV Professional Development Program
- ___ Other (Explain): _____

Indicate the total number of credit hours of alternative assignment(s): _____

I have engaged in the activities indicated above and have provided supportive materials evidencing them.

Signature of Faculty Member

Date

APPENDIX A-2

PROFESSIONAL ACTIVITIES AND RESPONSIBILITIES: LIBRARIAN

Name: _____

DIRECTIONS:

Check off within categories I and II, and within category III if applicable, the activity or activities in which you have engaged and provide supportive materials evidencing them.

Category I **CONTINUING SCHOLARSHIP (Check at least one)**

- ___ Contribution to the content and pedagogy of the discipline through the development of library programs or library services
- ___ Participation in or contribution to professional organizations and societies
- ___ Research as demonstrated by published or unpublished work
- ___ Artistic or other creative activities (where applicable)
- ___ Work toward the terminal degree or relevant post graduate study
- ___ Other (Explain): _____

Category II **PROFESSIONAL ACTIVITIES (Check at least one)**

- ___ Public service
- ___ Contributions to the professional growth and development of the College community
- ___ Other (Explain): _____

Category III **ALTERNATIVE ASSIGNMENTS (If applicable)**

- ___ Article XII, Section D, Alternative Professional Responsibilities Assignment
- ___ Article XIV Professional Development Program
- ___ Other (Explain): _____

I have engaged in the activities indicated above and have provided supportive materials evidencing them.

Signature of Librarian

Date

APPENDIX B-1
COMPREHENSIVE RESUME

This form is used in connection with all personnel actions (including post-tenure review) and must be attached to an updated comprehensive resume.

Faculty Member: _____ College: _____

Librarian: _____ Date: _____

Use this checklist to indicate items that are included with this resume.

- _____ 1. Official transcripts of additional course work completed since the last evaluation.
- _____ 2. Progress reports from authorities supervising or directing advanced study (when appropriate).
- _____ 3. Bibliography of published works.
- _____ 4. Documentation of other professional activities.

APPENDIX C-1

STUDENT EVALUATIONS: PROCEDURES

As provided in Article VIII, Sections D(1)(a) and D(2)(a), the Department Chair shall obtain student evaluations of all courses before the end of each academic semester. Such evaluations shall include all sections of every type of course for all non-tenured unit members and one section of each type of course for tenured unit members (unless the tenured unit member, the Department Chair or the Vice President has required that additional courses or sections taught by such tenured unit member be evaluated).

The following procedures shall be followed in administering the evaluation form for purposes of obtaining student evaluations:

- a. No unit member shall administer forms to his/her own classes. They shall be administered by the Department Chair or his/her designee at a time arranged with the unit member concerned.
- b. The person administering the evaluation forms shall distribute the forms to the students, explain their use, indicate that written comments are not appropriate, and collect them when the forms are returned. The unit member shall not see them until grades have been submitted.
- c. The person administering the evaluation forms shall, at the time of their administration, note (1) the class enrollment and (2) the number of evaluation forms returned to him/her by students.
- d. The unit member whose class is being evaluated shall not be present during the evaluation process.
- e. The person administering the evaluation forms shall deliver them to the Department Chair, who shall transmit them to the Vice President. They shall not be made available to the unit member until after he or she has submitted final grades for his/her classes.

APPENDIX C-4
STUDENT INSTRUCTIONAL RATING FORM FOR
NON-LECTURE AND NON-LABORATORY COURSES

This is your opportunity to evaluate this course and its instructor. Please bear in mind that this is a serious matter which gives each of you a chance to express a thoughtful opinion. The results of the questionnaire will become a part of the total evaluation process for the faculty of your college and will be placed in the personnel file of this faculty member. Your fair-minded response will be appreciated. Individual written student comments are prohibited on student evaluation forms.

This section of the evaluation is to be completed by students who are enrolled in non-lecture and non-laboratory courses. Indicate the category which applies to you.

1. ___ Student Teacher Supervision
2. ___ Physical Education Activities Courses
3. ___ Studio (creative and performing arts)
4. ___ Shop
5. ___ Critique (only applies to Massachusetts College of Art and Design)
6. ___ Cooperative Education
7. ___ Field Work Supervision Internship Practicum
8. ___ Independent or Directed Study
9. ___ Nursing Clinical Supervision
10. ___ Other (Explain) _____

Using the form that is set out on pages 2 and 3, evaluate the performance of the faculty member who supervised the educational experience which you have checked above by answering the following questions. Respond by using the **KEY** at right. Mark your responses with a **PENCIL**.

KEY

SA – Strongly Agree

A – Agree

N – Neither Agree nor Disagree

D – Disagree

SD – Strongly Disagree

NA – Not Applicable

A. NON-LECTURE SUPERVISION	SA	A	N	D	SD	NA
1. You may have become more competent in this area due to this experience.						
2. Your college supervisor was concerned with making your experience a successful one.						
3. Your college supervisor was sensitive to your needs and problems.						
4. Suggestions made by your college supervisor were helpful and constructive.						
5. Your college supervisor encouraged you to try a variety of methods and materials.						
6. Your college supervisor made a sufficient number of visitations (when applicable).						
7. Your college supervisor allowed sufficient time for meaningful conferences (when applicable).						
8. Your college supervisor set up means whereby you could communicate directly with him or her (when applicable).						
9. Your college supervisor's communication and interaction with the host agency was beneficial to you (when applicable).						
10. The written assignments required by your college supervisor were helpful and relevant (when applicable).						
11. Your college supervisor was helpful in providing general academic advice.						

B. ACADEMIC ADVISING	SA	A	N	D	SD	NA
12. I saw or attempted to see the instructor during posted office hours. Yes ___ No ___ (if "yes" continue with question 13, if "no" skip to question 18).						
13. The instructor was available for advising during posted hours.						
14. The instructor expressed a willingness to schedule appointments for advising at other than posted office hours.						
15. The instructor was helpful in clarifying material covered in this course during advising sessions.						
16. The instructor helped me deal with any special difficulties I may have had with the material covered in this course.						
17. The instructor was helpful in providing general academic advice.						

Your instructor may add up to five (5) questions in this space relative to the course.	SA	A	N	D	SD	NA
18.						
19.						
20.						
21.						
22.						

APPENDIX D-1(a)
CLASSROOM OBSERVATION FORM

Faculty Member's Name : _____

College : _____ Dept.: _____

Date of Observation: _____ Tenured: _____ Non-Tenured: _____

For each item, respond by marking the space under the appropriate category of the key. Mark your response in INK.

KEY

- SA – Strongly Agree
- A – Agree
- N – Neither Agree nor Disagree
- D – Disagree
- SD – Strongly Disagree
- NA – Not Applicable

	SA	A	N	D	SD	NA
1. The instructor seemed to be concerned with whether the students learned the material.						
2. The instructor encouraged students to express opinions.						
3. The instructor appeared receptive to new ideas and others' viewpoints.						
4. The student had an opportunity to ask questions.						
5. The instructor generally stimulated class discussion.						
6. The instructor attempted to cover too much material.						
7. The instructor appeared to relate the course concepts in a systematic manner.						
8. The class was well organized.						

ADDITIONAL REMARKS (OPTIONAL)

Name of Evaluator

Signature

Date

This is to certify that I have read this document

Name of Faculty Member

Signature

Date

APPENDIX D-1(b)
DISTANCE EDUCATION INSTRUCTION
OBSERVATION FORM

Background Information:

Instructor evaluated: _____ Department: _____

Course: _____ Elective/required: _____

Number of students participating: _____ Date: _____

Type of class: _____ Level of class: _____

Type(s) of technology used: _____

Did technology function properly? (This question is not about the instructor's performance.)

Number of times the instructor has taught this course: _____

What portion(s) of the course did you observe (e.g., instructor's content, student discussion)?

Date of pre-observation conference and discussion: _____

Name of Evaluator: _____

Observation:

The purposes of this observation are (1) to provide a database for more accurate and equitable decisions on reappointment, tenure and promotion and (2) to improve faculty performance.

Please consider each item carefully. Write the rating in ink for each item according to the scale below.

Highest	Satisfactory			Lowest	Not Applicable	Unable to Comment
5	4	3	2	1	NA	U

The Instructor:

- ___ 1. Organized materials and learning activities well.
- ___ 2. Encouraged relevant student participation.
- ___ 3. Related course concepts in a systematic manner.
- ___ 4. Demonstrated engagement with the subject matter.
- ___ 5. Communicated appropriately to all levels of students.
- ___ 6. Explained ideas clearly.
- ___ 7. Demonstrated command of subject matter.
- ___ 8. Responded appropriately to student questions and comments.
- ___ 9. Encouraged student engagement with the material.
- ___ 10. Overall rating.

Additional comments:

Date of post-observation conference and discussion: _____

Signature of Evaluator

Date

I certify that I have read this document.

Signature of Instructor

Date

APPENDIX D-2(a)
DEPARTMENT CHAIR'S
EVALUATION OF FULL-TIME FACULTY MEMBER

Name: _____ Department: _____

Date of Last Evaluation: _____ College: _____

Date of This Evaluation: _____

Personnel Action Being Considered: _____

DIRECTIONS:

Evaluate each faculty member on items A through D (include E and F where applicable).

CRITERIA:

A. Teaching Effectiveness (Article VIII, §A(1)(a)(i))

B. Academic Advising (Article VIII, §A(1)(a)(ii); and Article XII, §A(3))

C. Continuing Scholarship (Article VIII, §A(1)(b)(i))

D. Other Professional Activities (Article VIII, §A(1)(b)(ii))

E. Alternative Responsibilities (Article VIII, §A(1)(b)(iii); Article XII, §D; and Article XIV)

F. Activities Required of Professional Maritime Faculty (Article VIII-A, §B; Article XII-A, §A(1))

1. Achievements in the individual's specialized field

2. Maintenance of a proper uniform

3. Contribution to maritime training and shipboard operations

Recommendation concerning personnel action being considered:

Signature of Department Chair

Date

This is to certify that I have read this evaluation

Signature of Faculty Member

Date

APPENDIX D-2(b)
PEER EVALUATION COMMITTEE'S
EVALUATION OF FULL-TIME FACULTY MEMBER

Name: _____ Department: _____

Date of Last Evaluation: _____ College: _____

Date of This Evaluation: _____

Personnel Action Being Considered: _____

DIRECTIONS:

Evaluate each faculty member on items A through D (include E and F where applicable).

CRITERIA:

A. Teaching Effectiveness (Article VIII, §A(1)(a)(i))

B. Academic Advising (Article VIII, §A(1)(a)(ii); and Article XII, §A(3))

C. Continuing Scholarship (Article VIII, §A(1)(b)(i))

D. Other Professional Activities (Article VIII, §A(1)(b)(ii))

E. Alternative Responsibilities (Article VIII, §A(1)(b)(iii); Article XII, §D; and Article XIV)

F. Activities Required of Professional Maritime Faculty (Article VIII-A, §B; and Article XII-A, §A(1))

1. Achievements in the individual's specialized field

2. Maintenance of a proper uniform

3. Contribution to maritime training and shipboard operations

Recommendation concerning personnel action being considered:

List the names of the committee members (to be filled in by the chair of the committee):

Record of votes cast (to be filled in by the chair of the committee):

(For) VOTE (Against)

Date of Vote

Signature of Committee Chair

Date

This is to certify that I have read this evaluation.

Signature of Faculty Member

Date

APPENDIX D-2(c)
DEPARTMENT CHAIR'S
EVALUATION OF PART-TIME FACULTY MEMBER

Name: _____ Department: _____

Date of Last Evaluation: _____ College: _____

Date of This Evaluation: _____

DIRECTIONS:

Evaluate each faculty member on items A through C.

CRITERIA:

A. Teaching Effectiveness (Article VIII, §A(2)(a))

B. Academic Advising (Article VIII, §A(2)(b))

C. Fulfillment of Other Obligations (Article VIII, §A(2)(c); and Article XII, §A(1)(b))

Signature of Department Chair

Date

This is to certify that I have read this evaluation.

Signature of Faculty Member

Date

APPENDIX D-3

This Appendix D-3 is intentionally left blank.

APPENDIX D-4
PEER EVALUATION COMMITTEE'S
EVALUATION OF DEPARTMENT CHAIR

Chair's Name: _____ Date of Evaluation: _____

Department: _____

Legend:

S – Superior A – Adequate IA – Inadequate NA – Not Applicable

Evaluate the Department Chair's responsibilities (reference Article VI, Section A) with regard to:	S	A	IA	NA
1. Providing for scheduling of courses and classes.				
2. Providing for arranging of faculty schedules.				
3. Providing for independent, intra-departmental learning program (where applicable).				
4. Providing for Student Practica (where applicable).				
5. Providing for fieldwork and internships (where applicable).				
6. Providing for faculty research.				
7. Providing for other student and faculty activities.				
8. Making recommendations to the departmental curriculum structure.				
9. Insuring student accessibility to department courses.				
10. Assisting in the recruitment of faculty in the department.				
11. Participation in the evaluation of faculty in accordance with the provisions of Article VIII.				
12. Submitting requests for supplies, equipment, library holdings, etc.				
13. Maintaining communication with students, prospective students and other faculty at the college relative to departmental matters.				
14. At the commencement of each academic semester, posting a list of all registered majors within the department (where applicable).				

Evaluate the Department Chair's responsibilities (reference Article VI, Section A) with regard to:	S	A	IA	NA
15. Posting a list of departmental minors at the commencement of each academic semester (only if no major exists and where applicable).				
16. Meeting regularly with the Vice President or his designee and from time to time with members of the department and with the appropriate departmental committees in order to coordinate the interaction of departmental programs and activities and to facilitate the discharge of the responsibilities set forth in Article VI, Section A.				
17. Providing for academic advising activities within the department.				
18. Assigning student advisees to members of the department.				
19. Operating and monitoring the advising program of the department.				
20. Evaluating each member of the department with respect to the quality of advising as it is rendered by that departmental member to students.				
21. Serving on any boards and/or commissions (at the Massachusetts Maritime Academy only)				
22. Advising faculty of the receipt of any substantial complaint by a student or faculty member which may affect the employment status of the faculty member.				

Additional remarks (Optional): _____

Signature of Committee Chair

Date

This is to certify that I have read this evaluation.

Signature of Department Chair

Date

List the names of the committee members (to be filled in by the chair of the committee):

Names of Committee Members

C. Continuing scholarship (Article VIII, §A(3)(b)(i))

D. Other professional activities (Article VIII, §A(3)(b)(ii))

E. Alternative responsibilities (Article VIII, §A(3)(b)(iii); Article XII, §D; and Article XIV)

Recommendation concerning personnel action being considered:

Signature of Evaluator

Date

This is to certify that I have read this evaluation.

Signature of Librarian

Date

APPENDIX E-1(b)
PEER EVALUATION COMMITTEE'S
EVALUATION OF LIBRARIAN

Name: _____

Date of Last Evaluation: _____ College: _____

Date of This Evaluation: _____

Personnel Action Being Considered: _____

DIRECTIONS:

Evaluate each librarian on items A through D (include E where applicable).

CRITERIA:

A. Effectiveness in performing assigned responsibilities within the library (Article VIII, §A(3)(a)(i))

B. Effectiveness in rendering assistance to students, faculty and the academic community (Article VIII, §A(3)(a)(ii))

C. Continuing scholarship (Article VIII, §A(3)(b)(i))

D. Other professional activities (Article VIII, §A(3)(b)(ii))

E. Alternative responsibilities (Article VIII, §A(3)(b)(iii); Article XII, §D; and Article XIV)

Recommendation concerning personnel action being considered:

List the names of the Committee members (to be filled in by the chair of the committee):

Names of Committee Members

Record of votes cast (to be filled in by the chair of the committee):

(For) VOTE (Against)

Date of Vote

Signature of Committee Chair

Date

This is to certify that I have read this evaluation.

Signature of Librarian

Date

APPENDIX F

This Appendix F is intentionally left blank.

APPENDIX G
VICE PRESIDENT'S
EVALUATION AND RECOMMENDATION

Faculty Member: _____

Dept.: _____

Librarian: _____

Professional Maritime Faculty: _____

Dept.: _____

RECOMMENDATION:

Signature of Vice President

Date

This is to certify that I have read this evaluation.

Signature of Unit Member

Date

APPENDIX H
STUDENT INFORMATIONAL QUESTIONNAIRE ON
DEPARTMENTAL ACADEMIC ADVISING

1. Class: Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___
2. Major: _____
3. How many advising sessions, including telephone and e-mail contacts, have you had with your advisor during this academic year?
 None ___ One ___ Two ___ Three–Five ___ Six–Ten ___ More than Ten ___
4. How much time did you spend in those sessions on the average?
 Less than 15 minutes ___ 15 to 30 minutes ___
 31 minutes to 1 hour ___ More than 1 hour ___

Note: Do not state the name of your advisor/advisors.

Specific reference to individual faculty by name will invalidate this form.

Please check the box on each of the following scales that most nearly describes your experience with your present advisor. Each scale has five boxes that represent the various levels between the two extremes. Please feel free to make any additional comments or suggestions about academic advising.

		Almost Always		Rarely		NA	
		1	2	3	4	5	6
5.	I have been able to visit my advisor when I needed to.						
6.	I have been able to spend as much time with my advisor as I needed.						

		Very Much		Not at All		NA
7.	Information from my advisor has helped me select courses.					
8.	My advisor's information about programs has helped me clarify my college plans.					
9.	My advisor's information about career opportunities has helped me clarify my career goals.					

	Very Much				Not at All		NA
	1	2	3	4	5	6	
10. Information from my advisor has clarified or simplified college requirements or procedures (e.g., degree requirements, drop/add, registration, etc.).							
11. I have obtained helpful information from my advisor about resources and services on campus (e.g., student services, counseling, financial aid, etc.).							
	Strongly Agree				Strongly Disagree		NA
12. As appropriate, my advisor places final responsibility for making decisions on me.							
	Extremely Positive				Extremely Negative		NA
13. How would you rate your overall advising experience with your present advisor?							

14. Rank the three most important purposes you do or would like to use an advisor for; place a (1) before the most important, (2) before the second most important, etc.

- | | |
|---|--|
| a. ___ Discussing a course you are taking | f. ___ Getting a signature |
| b. ___ Career planning | g. ___ Personal concerns |
| c. ___ Selecting courses for your schedule | h. ___ Information about college services or resources |
| d. ___ Information about college requirements and/or procedures | i. ___ Discussing your grades or academic performance |
| e. ___ Choosing a major | j. ___ Information about your skills, abilities, potential, etc. |
| k. ___ Other (specify) _____ | |

Up to five additional questions (if provided by the Department Chair).	SA	A	N	D	SD	NA
15.						
16.						
17.						
18.						
19.						

APPENDIX I
MSCA-BHE ARBITRATION PANEL

Randi Hammer Abramsky, Esq.

Gary D. Altman, Esq.

Timothy Buckalew, Esq.

Diane Zaar Cochran, Esq.

James S. Cooper, Esq.

John Van N. Dorr

Philip J. Dunn, Esq.

Sharon Henderson Ellis, Esq.

Roberta L. Golick, Esq.

Lawrence E. Katz, Esq.

James M. Litton, Esq.

Craig E. Overton, Ph.D.

Nancy E. Peace

Michael Stutz

APPENDIX J
PAYROLL DUES DEDUCTION AUTHORIZATION

To the Board of Higher Education:

I hereby authorize and direct the Board of Higher Education, through its officers, agents and employees, to deduct from the portion of my salary due me each month the amount certified by the Massachusetts Teachers Association/NEA as the current rate of dues. Such deduction is to start immediately after the date of this authorization.

I further authorize and direct you to transfer and pay the sum so deducted to the Treasurer of the Massachusetts Teachers Association/NEA or his or her designee.

In consideration of the above described service rendered by the Board of Higher Education, its members, officers, agents and employees, the undersigned hereby releases and discharges the Board of Higher Education, its members, agents and employees, of and from any and all liability whatsoever arising as a result of the authorization herein given.

This authorization is revocable by me, upon sixty (60) days' written notice, to the Massachusetts Teachers Association/NEA or its designee and the Board of Higher Education, and the revocation will become effective on the sixtieth (60th) day, or upon termination of my employment. It is understood that this service shall be limited to a deduction for one employee organization for any individual employee, and that no partial deduction will be made.

Employee Signature

PLEASE PRINT:

Date of Notice: _____

Social Security Number: _____

Position Title: _____

Current Salary: _____

Full-time or Current Part-time Credit Load: _____

Last Name

First Name

Middle Initial

Address

APPENDIX K
AGENCY SERVICE FEE DEDUCTION AUTHORIZATION

To the Board of Higher Education:

I hereby authorize and direct the Board of Higher Education, through its officers, agents and employees, to deduct from the portion of my salary due me each month the amount certified by the Massachusetts Teachers Association/NEA as the current rate of agency service fee. Such deduction is to start immediately after the date of this authorization.

I further authorize and direct you to transfer and pay the sum so deducted to the Treasurer of the Massachusetts Teachers Association/NEA or his or her designee.

In consideration of the above described service rendered by the Board of Higher Education, its members, officers, agents and employees, the undersigned hereby releases and discharges the Board of Higher Education, its members, agents and employees, of and from any and all liability whatsoever arising as a result of the authorization herein given.

This authorization is revocable by me, upon sixty (60) days' written notice, to the Massachusetts Teachers Association/NEA or its designee and the Board of Higher Education, and the revocation will become effective on the sixtieth (60th) day, or upon termination of my employment. It is understood that this service shall be limited to a deduction for one employee organization for any individual employee, and that no partial deduction will be made.

Employee Signature

PLEASE PRINT:

Date of Notice: _____

Social Security Number: _____

Position Title: _____

Current Salary: _____

Full-time or Current Part-time Credit Load: _____

Last Name

First Name

Middle Initial

Address

This form is null and void for any member of the Association.

APPENDIX L
VOICE OF TEACHERS FOR EDUCATION
PAYROLL DEDUCTION AUTHORIZATION

To the Board of Higher Education:

I hereby authorize and direct the Board of Higher Education, through its officers, agents and employees, to deduct from the portion of my salary due me each month the amount listed below as the amount of the deduction from my wages each payroll period. Such deduction is to start immediately after the date of this authorization.

I further authorize and direct you to transfer and pay the sum so deducted to the Voice of Teachers for Education.

In consideration of the above described service rendered by the Board of Higher Education, its members, officers, agents and employees, the undersigned hereby releases and discharges the Board of Higher Education, its members, agents and employees, of and from any and all liability whatsoever arising as a result of the authorization herein given.

This authorization is revocable by me, upon sixty (60) days' written notice, to the Massachusetts Teachers Association/NEA or its designee and the Board of Higher Education, and the revocation will become effective on the sixtieth (60th) day, or upon termination of my employment.

I have authorized the Board of Higher Education to deduct \$_____ from my wages each payroll period. The deductions are to begin _____, 20_____.

PLEASE PRINT:

Last Name	First Name	Middle Initial
-----------	------------	----------------

Signature	Date
-----------	------

Address	Social Security Number
---------	------------------------

Position Title

APPENDIX N-1
UNIFORM LETTER OF APPOINTMENT:
TENURE-TRACK FACULTY

Dear _____:

I am pleased to offer you (***subject to the approval of the Board of Trustees**) the position of full-time _____ in the _____ Department at an annual salary of \$_____ effective _____. Your work year will run from _____ through _____. Your pay year will run from _____ through _____.

[Special conditions, if any, for example, “this appointment is contingent upon completion of degree.”]

[*This offer of appointment is contingent upon satisfaction of any requirements imposed under Federal laws governing immigration and naturalization.]

This is a tenure-track position and is governed, as are all conditions of employment, by a collective bargaining agreement between the Board of Higher Education and the Massachusetts State College Association (MSCA/MTA). One such condition is a requirement that all members of the bargaining unit pay dues to the Association or, in lieu of dues, an agency service fee. A copy of the collective bargaining agreement may be obtained in the MSCA/MTA office on campus.

If this offer of employment is acceptable to you, please sign, date, and return one copy of this letter to the Academic Affairs Office, _____, within five days. Please note that it is important for you to visit the Personnel Office on or before your first day of employment for the completion of several forms which will activate the payroll process.

All of us at _____ look forward to working with you.

Sincerely,

Vice President
Academic Affairs

I accept the offer of employment specified above and I understand and agree to the conditions mentioned.

Date

Signature

[*if applicable]

APPENDIX N-2

UNIFORM LETTER OF APPOINTMENT:
TEMPORARY FULL-TIME FACULTY

Dear _____:

I am pleased to offer you (***subject to the approval of the Board of Trustees**) the position of temporary full-time _____ in the _____ Department at an annual salary of \$_____. Your employment period will run from _____ through _____. As a full-time faculty member, you are governed in the conditions of your employment by the collective bargaining agreement between the Board of Higher Education and the Massachusetts State College Association (MSCA/MTA). One such condition is a requirement that all members of the bargaining unit pay dues to the Association or, in lieu of dues, an agency service fee. A copy of the collective bargaining agreement may be obtained in the MSCA/MTA office on campus.

[Special conditions, if any, for example, "this appointment is contingent upon completion of degree."]

[*This offer of appointment is contingent upon satisfaction of any requirements imposed under Federal laws governing immigration and naturalization.]

This letter serves to let you know that this temporary appointment is of a limited duration to meet a special need in your department. The term of your appointment will conclude automatically on the date specified above, and this letter will serve as the only notice you will receive concerning the nature of your appointment. In the event any person serves for four consecutive semesters as a temporary full-time member of the faculty, no further full-time temporary appointment can be granted for one full academic semester thereafter.

If this offer of employment is acceptable to you, please sign, date, and return one copy of this letter to the Academic Affairs Office, _____, within five days. Please note that it is important for you to visit the Personnel Office on or before your first day of employment for the completion of several forms which will activate the payroll process.

All of us at _____ look forward to working with you.

Sincerely,

Vice President
Academic Affairs

I fully understand the temporary nature of this appointment and accept this notice of the date of its termination.

Date

Signature

[*if applicable]

APPENDIX N-3
UNIFORM LETTER OF APPOINTMENT:
TENURE-TRACK LIBRARIAN

Dear _____:

I am pleased to offer you (***subject to the approval of the Board of Trustees**) the position of full-time _____ in the Library at an annual salary of \$_____. Your work year will run from September 1, _____, through August 31, _____. Your pay year will run from _____ through _____.

[Special conditions, if any, for example, “this appointment is contingent upon completion of degree.”]

[*This offer of appointment is contingent upon satisfaction of any requirements imposed under Federal laws governing immigration and naturalization.]

This is a tenure-track position and is governed, as are all conditions of employment, by a collective bargaining agreement between the Board of Higher Education and the Massachusetts State College Association (MSCA/MTA). One such condition is a requirement that all member of the bargaining unit pay dues to the Association or, in lieu of dues, an agency service fee. A copy of the Agreement may be obtained in the MSCA/MTA office on campus.

If this offer of employment is acceptable to you, please sign, date, and return one copy of this letter to the Academic Affairs Office, _____, within five days. Please note that it is important for you to visit the Personnel Office on or before your first day of employment for the completion of several forms which will activate the payroll process.

All of us at _____ look forward to working with you.

Sincerely,

Vice President
Academic Affairs

I accept the offer of employment specified above and I understand and agree to the conditions mentioned.

Date

Signature

[*if applicable]

APPENDIX N-4

UNIFORM LETTER OF APPOINTMENT:
TEMPORARY FULL-TIME LIBRARIAN

Dear _____:

I am pleased to offer you (***subject to the approval of the Board of Trustees**) the position of temporary full-time _____ in the Library at an annual salary of \$_____. Your employment period will run from _____ through _____. As a full-time librarian, you are governed in the conditions of your employment by the collective bargaining agreement between the Board of Higher Education and the Massachusetts State College Association (MSCA/MTA). One such condition is a requirement that all members of the bargaining unit pay dues to the Association or, in lieu of dues, an agency service fee. A copy of the collective bargaining agreement may be obtained in the MSCA/MTA office on campus.

[Special conditions, if any, for example, “this appointment is contingent upon completion of degree.”]

[*This offer of appointment is contingent upon satisfaction of any requirements imposed under Federal laws governing immigration and naturalization.]

This letter serves to let you know that this temporary appointment is of a limited duration to meet a special need in the Library. The term of your appointment will conclude automatically on the date specified above, and this letter will serve as the only notice you will receive concerning the nature of your appointment. In the event any person serves for two consecutive calendar years as a temporary full-time librarian, no further full-time temporary appointment can be granted for one hundred twenty (120) calendar days thereafter.

If this offer of employment is acceptable to you, please sign, date, and return one copy of this letter to the Academic Affairs Office, _____, within five days. Please note that it is important for you to visit the Personnel Office on or before your first day of employment for the completion of several forms which will activate the payroll process.

All of us at _____ look forward to working with you.

Sincerely,

Vice President
Academic Affairs

I fully understand the temporary nature of this appointment and accept this notice of the date of its termination.

Date

Signature

[*if applicable]

APPENDIX N-5
UNIFORM LETTER OF APPOINTMENT:
PART-TIME FACULTY

Dear _____:

I am pleased to offer you (***subject to the approval of the Board of Trustees**) an appointment as a part-time instructor to teach the course(s) listed below in the _____ Department to be compensated at the rate of \$_____ for the _____ semester of _____ . Your employment period will run from _____ through _____. As a part-time faculty member teaching at least your third consecutive semester, you are governed in the conditions of your employment by the collective bargaining agreement between the Board of Higher Education and the Massachusetts State College Association (MSCA/MTA). One such condition is a requirement that all members of the bargaining unit pay dues to the Association or, in lieu of dues, an agency service fee. A copy of the collective bargaining agreement may be obtained in the MSCA/MTA office on campus.

Course assignment(s):

[*This offer of appointment is contingent upon satisfaction of any requirements imposed under Federal laws governing immigration and naturalization.]

This letter serves to let you know that this appointment is of a limited duration to meet a special need in your department. The term of your appointment will conclude automatically on the date specified above, and this letter will serve as the only notice you will receive concerning the nature of your appointment.

If this offer of employment is acceptable to you, please sign, date, and return one copy of this letter to the Academic Affairs Office, _____, within five days. Please note that it is important for you to visit the Personnel Office on or before your first day of employment for the completion of several forms which will activate the payroll process.

All of us at _____ look forward to working with you.

Sincerely,

Vice President
Academic Affairs

I fully understand the limited nature of this appointment and accept this notice of the date of its termination.

Date

Signature

[*if applicable]

APPENDIX N-6

UNIFORM LETTER OF APPOINTMENT:
SALARIED PART-TIME FACULTY

Dear _____:

I am pleased to offer you (***subject to the approval of the Board of Trustees**) the position of part-time _____ in the _____ Department at an annualized salary of \$_____ effective _____. Your work year will run from _____ through _____. Your pay year will run from _____ through _____.

[Special conditions, if any, for example, “this appointment is contingent upon completion of degree.”]

[*This offer of appointment is contingent upon satisfaction of any requirements imposed under Federal laws governing immigration and naturalization.]

This position is governed, as are all conditions of employment, by a collective bargaining agreement between the Board of Higher Education and the Massachusetts State College Association (MSCA/MTA). One such condition is a requirement that all members of the bargaining unit pay dues to the Association or, in lieu of dues, an agency service fee. A copy of the collective bargaining agreement may be obtained in the MSCA/MTA office on campus.

If this offer of employment is acceptable to you, please sign, date, and return one copy of this letter to the Academic Affairs Office, _____, within five days. Please note that it is important for you to visit the Personnel Office on or before your first day of employment for the completion of several forms which will activate the payroll process.

All of us at _____ look forward to working with you.

Sincerely,

Vice President
Academic Affairs

I accept the offer of employment specified above and I understand and agree to the conditions mentioned.

Date

Signature

[*if applicable]

APPENDIX O-1
SALARY DATA FORM: FACULTY

Descriptive Information

Date: _____

Full Name: _____

Date of Birth: _____

[TO BE COMPLETED BY VICE PRESIDENT, ACADEMIC AFFAIRS]

Massachusetts State College: _____

Department: _____

Rank: _____

Effective Date of Appointment: _____

Salary upon Appointment: _____

Temporary or Tenure-track Appointment: _____

If Temporary, Length of Appointment
(semester/year, etc., but not more than two years): _____

Comments: _____

Directions and Use of the Salary Data Form

The Salary Data Form will be used to help establish your starting salary under the terms of the current Agreement between the Massachusetts Teachers Association and the Board of Higher Education. The Agreement provides that you must be paid a starting salary not less than that determined by the formula below, but you may receive a starting salary higher than the minimum required.

Please read carefully the entire Salary Data Form before filling it out and complete Parts II through VII, where applicable.

Please type or print in black ink.

PART I. Minimum Salary Calculation

[To be completed by Vice President, Academic Affairs.]

The following rates are effective as of July 1, 2006.

Base Salary:	\$37,563	\$ _____
Academic Rank	Assistant Professor: \$6,165	
	Associate Professor: \$12,575	
	Professor: \$19,117	+ \$ _____
If he/she possess a terminal degree (Part II):	\$2,607	+ \$ _____
Number of years of full-time teaching experience at accredited two-year or four-year colleges or universities (Part III): \$459 per year		+ \$ _____
Number of years of full-time K-12 classroom teaching experience (Part IV): \$459 per year		+ \$ _____
Number of years of full-time applicable professional experience (Parts V and VI): \$133 per year		+ \$ _____
Minimum Salary (add all lines above)		= \$ _____

PART II. Degrees and Graduate Credits (Sections A and B)

A. Degrees

Please list all earned degrees from an accredited college or university in chronological order according to the date awarded.

Name and Address of College or University	Degree	Field	Month/Year Awarded
			____/____
			____/____
			____/____
			____/____

B. Graduate Credits

(If you hold an earned doctorate degree, do not fill out this section.)

Please list all graduate credit hours earned by you and applicable to your field, including the hours of credit for which any master's degree was awarded.

Name and Address of College or University	Number of Graduate Credit Hours	Field	List Month/Year of Such Periods of Graduate Study
			From: ____/____ To: ____/____
			From: ____/____ To: ____/____
			From: ____/____ To: ____/____

PART III. Applicable Previous Full-time Teaching Experience at an Accredited Two-year or Four-year College or University

Please list, in chronological order, all full-time teaching experience for which you were appointed to a full-time position at the rank of Instructor, Assistant Professor, Associate Professor or Professor at an accredited two-year or four-year college or university. Include any appointments as an Instructor, Assistant Professor, Associate Professor or Professor at a Massachusetts State College.

Do not list any part-time teaching or any appointment that lasted less than two consecutive semesters. Any academic semester should be converted to six (6) calendar months or one-half of a year. Any academic quarter should be converted to three (3) calendar months or one-quarter of a year.

Name and Address of Accredited Two- or Four-year College or University	Rank or Title & Department	Starting and Ending Month/Year of Each Appointment	Total Number of Years of Such Full-time Experience
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	

Total Years of College/University Teaching Experience _____

(Deduct Any Years of Unpaid Leaves of Absence)

PART IV. Applicable only to Individuals Being Employed to Teach in (1) an Education Department or (2) an Education Certification Program

Please list, in chronological order, all full-time K-12 teaching experience (including special education experiences as a classroom or learning resources center teacher, but excluding any period of employment as a guidance counselor or as an administrator).

Do not list any part-time teaching or any position which lasted less than two consecutive semesters. Any academic semester should be converted to six (6) calendar months or one-half of a year. Any academic quarter should be converted to three (3) calendar months or one-quarter of a year.

Name and Address of K-12 School System	Rank or Title & Department	Starting and Ending Month/Year of Each Appointment	Total Number of Years of Such Full-time Experience
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	

Total Years of K-12 Teaching Experience _____

(Deduct Any Unpaid Leaves of Absence or Administrative Work)

PART V. Other Full-time Appropriate Professional Experience

Only individuals hired to teach in the areas listed below are eligible for **Other Full-time Appropriate Professional Experience**. Please list all prior full-time experience of at least one calendar year's duration of employment.

Do not list any experience which was held concurrently with any appointment listed in Parts III or IV of this Appendix O--1. Round off months to the nearest quarter year.

<table border="0"> <tr> <th style="text-align: center;">Category Code</th> <th style="text-align: left;">Category Name</th> </tr> <tr> <td style="text-align: center;">1</td> <td>Allied Health and Rehabilitative Services (including Physical Therapy)</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Aviation Science</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Biological, Physical or Social Science Research in a recognized professional facility or laboratory</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Business Administration</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Communication Disorders</td> </tr> <tr> <td style="text-align: center;">6</td> <td>Computer Science</td> </tr> <tr> <td style="text-align: center;">7</td> <td>Creative, Performing and Fine Arts</td> </tr> <tr> <td style="text-align: center;">8</td> <td>Criminal Justice</td> </tr> </table>	Category Code	Category Name	1	Allied Health and Rehabilitative Services (including Physical Therapy)	2	Aviation Science	3	Biological, Physical or Social Science Research in a recognized professional facility or laboratory	4	Business Administration	5	Communication Disorders	6	Computer Science	7	Creative, Performing and Fine Arts	8	Criminal Justice	<table border="0"> <tr> <th style="text-align: center;">Category Code</th> <th style="text-align: left;">Category Name</th> </tr> <tr> <td style="text-align: center;">9</td> <td>Curatorial or Museum</td> </tr> <tr> <td style="text-align: center;">10</td> <td>Engineering</td> </tr> <tr> <td style="text-align: center;">11</td> <td>Journalism/Media/Public Relations</td> </tr> <tr> <td style="text-align: center;">12</td> <td>Maritime Service or the Navy</td> </tr> <tr> <td style="text-align: center;">13</td> <td>Nursing, Licensed Medical Technician, Dietician</td> </tr> <tr> <td style="text-align: center;">14</td> <td>Professional and Industrial Arts (including Design and Special Effects)</td> </tr> <tr> <td style="text-align: center;">15</td> <td>Social Services</td> </tr> </table>	Category Code	Category Name	9	Curatorial or Museum	10	Engineering	11	Journalism/Media/Public Relations	12	Maritime Service or the Navy	13	Nursing, Licensed Medical Technician, Dietician	14	Professional and Industrial Arts (including Design and Special Effects)	15	Social Services
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Name, Address, ZIP Code of the Organization	Rank or Title	Category Code	Starting and Ending Month/Year of Appointment	Total Number of Years Full-time Experience
			From: ____/____ To: ____/____	
			From: ____/____ To: ____/____	

(If necessary, please use additional space on the next page.)

Name, Address, ZIP Code of the Organization	Rank or Title	Category Code	Starting and Ending Month/Year of Appointment	Total Number of Years Full-time Experience
			From: ____/____ To: ____/____	
			From: ____/____ To: ____/____	
			From: ____/____ To: ____/____	
			From: ____/____ To: ____/____	
			From: ____/____ To: ____/____	
			From: ____/____ To: ____/____	
			From: ____/____ To: ____/____	

Total Years of Appropriate Professional Experience _____

PART VI. Additional Information That May Be Considered

You may list below any other related professional experience that you believe should be considered. Please include the organization's name and address, the title you held, the dates you were employed and your responsibilities.

PART VII. Certification

Your signature certifies that all statements and information contained on this Salary Data Form are true, accurate and complete. The information you provided on this Salary Data Form is subject to verification.

Certification Checklist:

_____ I understand that my academic transcripts must be in my Official Personnel File. I have made arrangements with the institution(s) from which I was awarded my degree(s) for a certified copy of my academic transcript(s) to be mailed directly to the Academic Vice President within 60 days.

_____ I have completed the Salary Data Form (Descriptive Information and Parts II through VII, where applicable).

(You must complete each applicable section and sign the Salary Data Form.)

Signature: _____

Date: _____

PLEASE SEE NEXT PAGE.

SUMMARY SHEET

[To be completed by Vice President, Academic Affairs]

Name: _____

Rank at Appointment: _____

Part II. Has the individual secured a terminal degree? (see page 3) _____
(yes or no)

Part III to VI: Indicate in the space for each applicable part the total number of years and months of full-time experience. Be sure that unpaid leaves of absence and other periods of exclusion have been deducted.

Part III. Full-time College or University Teaching (see page 4) _____
years/months

Part IV. Full-time K-12 Teaching for Faculty in (1) Education Departments or (2) Education Certification Programs (see page 5) _____

Part V & VI. Appropriate Professional Experience (see pages 6, 7 & 8) _____

Signature – Academic Vice President

Date

APPENDIX O-2
SALARY DATA FORM – LIBRARIANS

Descriptive Information

Date: _____

Full Name: _____

Date of Birth: _____

[TO BE COMPLETED BY VICE PRESIDENT, ACADEMIC AFFAIRS]

Massachusetts State College: _____

Rank: _____

Effective Date of Appointment: _____

Salary upon Appointment: _____

Temporary or Tenure-track Appointment: _____

If Temporary, Length of Appointment
(but not more than two years): _____

Comments: _____

Directions and Use of the Salary Data Form

The Salary Data Form will be used to help establish your starting salary under the terms of the current Agreement between the Massachusetts Teachers Association and the Board of Higher Education. The Agreement provides that you must be paid a starting salary not less than that determined by the formula below, but you may receive a starting salary higher than the minimum required.

Please read carefully the entire Salary Data Form before filling it out and complete Parts II through VI, where applicable.

Please type or print in black ink.

PART I. Minimum Salary Calculation

[To be completed by Vice President, Academic Affairs.]

The following rates are effective as of July 1, 2006.

Base Salary:	\$37,563	\$ _____
Academic Rank	Associate Librarian: \$6,165	
	Librarian: \$12,575	
	Senior Librarian: \$19,117	+ \$ _____
If he/she possess a terminal degree (Part II):	\$2,607	+ \$ _____
Number of years of full-time work experience at accredited two-year or four-year colleges/universities (Part III): \$459 per year		+ \$ _____
Number of years of full-time applicable professional experience (Parts IV and V): \$133 per year		+ \$ _____
Minimum Salary (Add all lines above)		= \$ _____

PART II. Degrees and Graduate Credits (Sections A and B)

A. Degrees

Please list all earned degrees from an accredited college or university in chronological order according to the date awarded.

Name and Address of College or University	Degree	Field	Month/Year Awarded
			____/____
			____/____
			____/____
			____/____

B. Graduate Credits

(If you hold an earned doctorate degree, do not fill out this section.)

Please list all graduate credit hours earned by you and applicable to your field, including the hours of credit for which any master's degree was awarded.

Name and Address of College or University	Number of Graduate Credit Hours	Field	List Month/Year of Such Periods of Graduate Study
			From: ____/____ To: ____/____
			From: ____/____ To: ____/____
			From: ____/____ To: ____/____

PART III. Applicable Previous Full-time Librarian Experience at an Accredited Two-year or Four-year College or University

Please list, in chronological order, all full-time experience for which you were appointed to a full-time position as a professional librarian at an accredited two-year or four-year college or university. Include any appointments as a full-time professional librarian at a Massachusetts State College.

Do not list any part-time or non-professional librarian experience or any appointment that lasted less than one calendar year. Round off calendar months to the nearest quarter of a year.

Name and Address of Accredited Two- or Four-year College or University	Rank or Title & Department	Starting and Ending Month/Year of Each Appointment	Total Number of Years of Such Full-time Experience
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	

TOTAL YEARS OF EXPERIENCE _____

(Deduct Any Years of Unpaid Absence)

PART IV. Other Full-time Appropriate Professional Experience

Only librarians who have worked in a professional capacity in a non-academic library setting are eligible for **Other Full-time Appropriate Professional Experience**. Please list all such prior full-time appropriate experience of at least one calendar year's duration of employment.

Do not list any experience which was held concurrently with any appointment listed in Part III of this Appendix O-2. Round off months to the nearest quarter of a year.

Name, Address, ZIP Code of the Organization	Rank or Title	Starting and Ending Month/Year of Such Appointment	Total Number of Years of Such Full-time Experience
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	

TOTAL YEARS OF PROFESSIONAL EXPERIENCE _____

PART V. Additional Information That May Be Considered

You may list below any other relevant professional experience that you believe should be considered. Please include the organization's name and address, the title you held, the dates you were employed and your responsibilities.

PART VI. Certification

Your signature certifies that all statements and information contained on this Salary Data Form are true, accurate and complete. The information you provided on this Salary Data Form is subject to verification.

Certification Checklist:

_____ I understand that my academic transcripts must be in my Official Personnel File. I have made arrangements with the institution(s) from which I was awarded my degree(s) for a certified copy of my academic transcript(s) to be mailed directly to the Academic Vice President within 60 days.

_____ I have completed the Data Form (Descriptive Information and Parts II through VI, where applicable).

(You must complete each applicable section and sign the Salary Data Form.)

Signature: _____

Date: _____

PLEASE SEE NEXT PAGE.

SUMMARY SHEET

[To be completed by Vice President, Academic Affairs]

Name: _____

Rank at Appointment: _____

Part II. Has the individual secured a terminal degree? (see page 3) _____
(yes or no)

Part III to V: Indicate in the space for each applicable part the total number of years of full-time experience. Be sure that each unpaid leave of absence or other periods of exclusion have been deducted.

years/months

Part III. Full-time College or University Librarian (see page 4) _____ / _____

Part IV and V. Appropriate Professional Experience (see pages 5 and 6) _____ / _____

Signature – Academic Vice President

Date

APPENDIX P

This Appendix P is intentionally left blank.

APPENDIX Q
MASSACHUSETTS STATE COLLEGE ASSOCIATION
PERSONNEL INFORMATION REQUEST FORM

A. **FULL-TIME MEMBERS**

Promotions:

1. Name, rank, department and post-promotion salary of all full-time unit members promoted with effect on September 1st.

New Hires:

2. Name, rank, department, salary, employee ID number and Appendices N-1, N-3, O-1 and O-2 of all full-time tenure track unit members newly appointed as such as of September 1st and February 1st.
3. Name, rank, department, salary, employee ID number and Appendices N-2, N-4, O-1 and O-2 of all full-time temporary unit members newly appointed as such as of September 1st or February 1st as applicable.

Leaves of Absence:

4. Name, rank, department and type of unpaid leave of all unit members on unpaid leaves of absence as of September 1st or February 1st as applicable; include duration of leave if known.
5. Name, rank, department and type of paid leave of all unit members on paid leave of absence as of September 1st or February 1st as applicable; include duration of leave if known.

Terminal Degrees:

6. Name, rank, department and post-adjustment salary of all unit members who have secured a terminal degree pursuant to the collective bargaining agreement as of the immediately preceding August 31st.

Departures:

7. Name and department of all unit members who have left the College (e.g., death, termination, resignation) since the date of the last report and in each case the reason therefor.

Other:

8. Any pertinent changes in data relative to full-time unit members (e.g., a change in name or in home department).

B. PART-TIME UNIT MEMBERS

1. Name, rank and department of all part-time “day” unit members; at the Massachusetts College of Art and Design and for Clinical Nursing Instructors only, include the salary of salaried part-time unit members.
2. Home addresses and, if listed, home telephone numbers of all part-time “day” unit members.
3. Number of credits and/or hours of instruction taught by unit members identified in paragraph 1 above.
4. Number of consecutive semesters part-time unit members identified in paragraph 1 have been employed since February 28, 1989, at the College.
5. At the Massachusetts College of Art and Design only, name, rank, department and post-promotion salary for any salaried part-time unit member promoted with effect on September 1st.
6. At the Massachusetts College of Art and Design and for Clinical Nursing Instructors only, name, rank, department and post-adjustment salary of any salaried part-time unit member who has secured a terminal degree as of the immediately preceding August 31st.
7. Any pertinent changes in data relative to part-time unit members (e.g., a change in name).