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___ Research as demonstrated by published or unpublished work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___ Research as demonstrated by published or unpublished work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).
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 you 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

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

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.

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

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

<table>
<thead>
<tr>
<th>Highest</th>
<th>Satisfactory</th>
<th>Lowest</th>
<th>Not Applicable</th>
<th>Unable to Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>NA</td>
<td>U</td>
</tr>
</tbody>
</table>

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):

<table>
<thead>
<tr>
<th>(For)</th>
<th>VOTE</th>
<th>(Against)</th>
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</table>

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
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:

<table>
<thead>
<tr>
<th>S – Superior</th>
<th>A – Adequate</th>
<th>IA – Inadequate</th>
<th>NA – Not Applicable</th>
</tr>
</thead>
</table>

Evaluate the Department Chair’s responsibilities (reference Article VI, Section A) with regard to:

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<th>S</th>
<th>A</th>
<th>IA</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>1. Providing for scheduling of courses and classes.</td>
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<td>2. Providing for arranging of faculty schedules.</td>
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<tr>
<td>3. Providing for independent, intra-departmental learning program (where applicable).</td>
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<tr>
<td>4. Providing for Student Practica (where applicable).</td>
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<tr>
<td>5. Providing for fieldwork and internships (where applicable).</td>
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<tr>
<td>6. Providing for faculty research.</td>
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<tr>
<td>7. Providing for other student and faculty activities.</td>
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<tr>
<td>8. Making recommendations to the departmental curriculum structure.</td>
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<td>9. Insuring student accessibility to department courses.</td>
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<tr>
<td>10. Assisting in the recruitment of faculty in the department.</td>
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<tr>
<td>11. Participation in the evaluation of faculty in accordance with the provisions of Article VIII.</td>
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<tr>
<td>12. Submitting requests for supplies, equipment, library holdings, etc.</td>
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<tr>
<td>13. Maintaining communication with students, prospective students and other faculty at the college relative to departmental matters.</td>
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<tr>
<td>14. At the commencement of each academic semester, posting a list of all registered majors within the department (where applicable).</td>
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<tr>
<td>Evaluate the Department Chair’s responsibilities (reference Article VI, Section A) with regard to:</td>
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<td>A</td>
<td>IA</td>
<td>NA</td>
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<td>15. Posting a list of departmental minors at the commencement of each academic semester (only if no major exists and where applicable).</td>
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<tr>
<td>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.</td>
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<td>17. Providing for academic advising activities within the department.</td>
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<tr>
<td>18. Assigning student advisees to members of the department.</td>
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<tr>
<td>19. Operating and monitoring the advising program of the department.</td>
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<tr>
<td>20. Evaluating each member of the department with respect to the quality of advising as it is rendered by that departmental member to students.</td>
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<tr>
<td>21. Serving on any boards and/or commissions (at the Massachusetts Maritime Academy only)</td>
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<tr>
<td>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.</td>
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</tbody>
</table>

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
APPENDIX E-1(a)

LIBRARY DIRECTOR’S OR LIBRARY PROGRAM AREA CHAIR’S
EVALUATION OF LIBRARIAN

Name of Librarian:

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:

____________________________________________________________________________________

____________________________________________________________________________________

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.
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.

<table>
<thead>
<tr>
<th></th>
<th>Almost Always</th>
<th>Rarely</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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.
10. Information from my advisor has clarified or simplified college requirements or procedures (e.g., degree requirements, drop/add, registration, etc.)

<table>
<thead>
<tr>
<th>Very Much</th>
<th>Not at All</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

11. I have obtained helpful information from my advisor about resources and services on campus (e.g., student services, counseling, financial aid, etc.).

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

12. As appropriate, my advisor places final responsibility for making decisions on me.

<table>
<thead>
<tr>
<th>Extremely Positive</th>
<th>Extremely Negative</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
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</table>

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

15. Up to five additional questions (if provided by the Department Chair)

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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.
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.

_________________________________  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]
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.

<table>
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<tr>
<th>Name and Address of College or University</th>
<th>Degree</th>
<th>Field</th>
<th>Month/Year Awarded</th>
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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.

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<tr>
<th>Name and Address of College or University</th>
<th>Number of Graduate Credit Hours</th>
<th>Field</th>
<th>List Month/Year of Such Periods of Graduate Study</th>
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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.

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<tr>
<th>Name and Address of Accredited Two- or Four-year College or University</th>
<th>Rank or Title &amp; Department</th>
<th>Starting and Ending Month/Year of Each Appointment</th>
<th>Total Number of Years of Such Full-time Experience</th>
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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 no 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.

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

**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.

years/months

Part III. Full-time College or University Teaching (see page 4)

_____ / _____

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.

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

<table>
<thead>
<tr>
<th>Name and Address of College or University</th>
<th>Degree</th>
<th>Field</th>
<th>Month/Year Awarded</th>
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</thead>
<tbody>
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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.

<table>
<thead>
<tr>
<th>Name and Address of College or University</th>
<th>Number of Graduate Credit Hours</th>
<th>Field</th>
<th>List Month/Year of Such Periods of Graduate Study</th>
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</table>
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.

<table>
<thead>
<tr>
<th>Name and Address of Accredited Two- or Four-year College or University</th>
<th>Rank or Title &amp; Department</th>
<th>Starting and Ending Month/Year of Each Appointment</th>
<th>Total Number of Years of Such Full-time Experience</th>
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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.

<table>
<thead>
<tr>
<th>Name, Address, ZIP Code of the Organization</th>
<th>Rank or Title</th>
<th>Starting and Ending Month/Year of Such Appointment</th>
<th>Total Number of Years of Such Full-time Experience</th>
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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).