LSU Agricultural Center

PROMOTION/TENURE REVIEW REQUEST

Refer to PS-42 for Complete Instructions

The following documents, in the order provided, should be included in the P&T package submitted to the HRM Office.

- 1. Typed P&T cover page if possible, this should be the original page that was forwarded to HRM in July, annotated by HRM, and returned to the faculty member.
- 2. Pages 2-5 of the P&T form, completed through the unit head (department head/regional director or equivalent) review step.
- 3. Job description.
- 4. Faculty member documentation in the order it is listed in PS-42, Appendix A. It is suggested that divider pages be included between major sections. It is preferred that this simply be a white sheet of paper showing the section heading.
- 5. External reviewer letters.

Other items to note:

1. JOINT APPOINTMENTS:

- a. For faculty on *joint appointments* under the College of Agriculture, you will send the P&T copies only to the AgCenter HRM Office. The HRM Office will be responsible for transmitting the appropriate copies to the Dean's Office.
- b. For faculty on joint appointments with other colleges (e.g., Engineering, Vet Medicine, etc.), it will be necessary for you to route the appropriate number of copies to those colleges according to their established timelines.
- 2. Note to units please mark the original in some manner.
- 3. P&T packages should be neat, well-organized, and free from typographical errors.
- 4. P&T packages should **not** include copies of prior unit head performance evaluations.

THE LOUISIANA STATE UNIVERSITY SYSTEM LSU Agricultural Center PROMOTION/TENURE REVIEW REQUEST

For Administrative Use Only:						
ID:	-	% LSU AgCente				
Joint with LSU A&M? Yes or	No	Joint with multiple LSU A	gCenter units? Y	es or No		
Please TYPE all responses. Faculty Member Name:						
		% Research/LAES [College of Ag, LSU and A&M		
Dept/Region/Unit:		Parish/Sta	tion (if applicable):		
Present Rank/Title: [] Assistar [] Other: _		[] Associate Professor				
Present Appointment Status: [] Tenured	[] Term(non-tenured)	Years of Service (as of July 1, 2023):		
Date Appointed to AgCenter: Date Appointed to Present Rank:						
Pay Basis: [] Fiscal Year-12 [] Academic Year						
Graduate Faculty Status: []	Member [] Associate [] Non	e [] Not a	pplicable		
REQUESTED ACTION: Effective	Date of July	1, 2024				
[] Promotion to rank of: [][] Tenure[] Tenure only		rofessor [] Professor				
For Extension Positions Only (se Required Extension Courses Com		•	emplete (15 hrs. or	Masters)?		
Education: Institution:	-					
Institution:		gree:		Awarded:		
Other:	`		Date	Awarded:		
Professional Experience (includ Institution/Employer:	ing LSU Syst	em experience): Rank	Perio	od of Appointment		
Signature below indicates intention to submit P&T request shown above.						
SIGNATURE:			Date:			

CANDIDATE:					
faculty.) The individual applicable policy statemore responsibilities, the following judgment. (1) instru	CULTY (Refer to AgCenter PS-4 Il's qualifications should be evaluated nents, evaluation documents, and owing areas should be considered ctional ability; (2) research scholarticipation in unit, regional, and ca	ted based on his/ job descriptions. for each reviewing larship and acco	her assigned job As appropriate by g authority to main mplishments; (3)	responsibilities as pased on those as ke a valid and disc extension schola	s per other signed job criminating
Current distribution of a	cademic staff within the parish/stat	ion/department:			
Professor(s):	Associate Professor(s):	Assistant Profes	sor(s):	Instructor(s):	
Agent(s):	Associate Agent(s):	Agent(s):			
Were AgCenter faculty higher-ranking faculty?	member(s) from outside the unit ac	dded to the review	v process to provi	ide for review by a	it least five
were members from the	in a tenure-track professorial rank e secondary unit added to the prin or No[] or Not Applicable	nary unit committe			
	I to the review process an AgCente ing faculty member with the same p				
The vote of the faculty	on the proposed action: F	-avorable	Opposed	_Abstained	_ Absent

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CANDIDATE:		Promotion/Tenure Form
EVALUATION I	BY PARISH CHAIR/RESIDENT COORDINATOR (if	applicable)
[] Recommended		
[] Not Recommended	Parish Chair/Resident Coordinator	 Date
EVA	ALUATION BY UNIT HEAD/REGIONAL DIRECTOR	
outcome of the unit review. Prior faculty member with copies of the	11 of AgCenter PS-42, the unit head must advise the factorial to forwarding the P&T request to the HRM Office, the second thead evaluation and the unit committee evaluation written response to be included with the final P&T requestions.	unit head must provide the on. The faculty member must
Have these provisions been met?		
[] Recommended		
[] Not Recommended		
Dei	partment Head/School Director/Regional Director	Date

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CANDIDATE:		Promotion/Tenure Form
OTHER REQUIRED EVALUATION	S (i.e., department/region/col	llege/unit/division)
Name	Title	Unit/Division
[] Recommended [] Not Recommended		
	Signature	Date
EVALUATION BY EXECUTIVE ASSOCIATE	DEAN – for joint appointment	s with College of Agriculture
[] Recommended [] Not Recommended	d	
	Signature	Date
EVALUATIO	N BY PROGRAM LEADERS	
[] Recommended [] Not Recommende	d	
	Signature	Date

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CANDIDATE:		
CANDIDA I E.		

Promotion/Tenure Form

EVALUATION BY CAMPUS REVIEW COMMITTEES

CAMPUS FACULTY REVIEW COMMITTEE			
The vote of the faculty on the proposed action	_Opposed	_ Abstained Absent	
•			
Recorded by – Print Name	Signature		Date
CAMPUS UNIT HEAD REVIEW COMMITTE	E		
The vote of the faculty on the proposed action	1: Favorable	Opposed	_ Abstained Absent
Recorded by – Print Name	Signature		Date
PROGRAM LEADER REVIEW			
The vote of the faculty on the proposed action	1: Favorable	_Opposed	_ Abstained Absent
Recorded by – Print Name	Signature		Date

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ANDIDATE:	Promotion/Tenure Form				
EVALUATION BY VICE PRESIDENT FOR AGR	GRICULTURE/DEAN OF COLLEGE OF AGRICULTURE				
[] Recommended [] Not Recommended					
	Vice President/Dean	Date			
PRESIDEN	IT (Per PM-69)				
[] Recommended [] Not Recommended					

President

Date

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CAN	IDIDATE:				_				Promotion/Tenure Form
ОТН	IER CAMPUS ACTION – This pa	ige for	joir	nt ap	poir	ntme	ents only.		
SPL	IT-APPOINTMENT CAMPUS AC	CTION:							
A.	Evaluation by Campus Review	v Comr	nitte	e or	Oth	er O	fficial:		
B.	Action recommended by othe	A B C D E	us i		3 ew of	4 fficial	5 l: [] Recomm	ended	Reviewers
	Signature						Title		 Date
C.	Other campus recommendations	S:							
	[] Recommended								
	[] Not Recommended	V	ice	Pres	sider	nt & F	Provost		Date
	[] Recommended								
	[] Not Recommended								
		CI	han	cello	r/Pre	eside	ent		Date

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