# PBSC Continuing Contract:

# Faculty Action Plan

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

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

|  |
| --- |
| Description of the concern(s) noted by the supervisor. |
|  |

|  |
| --- |
| Step(s) needed to correct the concern. Include a timeline to indicate a completion date for each step. |
|  |

Faculty Action Plan

|  |
| --- |
| Support necessary to accomplish steps. |
|  |

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

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

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

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