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| ***Due In eFaculty (direct entry or via upload of this form) by January 24, 2024, 5:00 P.M.*** |
| NOTE: The ASA-L is required and documents achievements over the last calendar year--not AY. For example, the evaluation conducted in 2024 is for the Winter, Spring, Summer, and Fall sessions of 2023. If undergoing review in more than one department, please upload a separate ASA-L for each department. *Enter required items in eFaculty (e.g., SOTE/SOLATEs, Direct Observations of Teaching, and Related Items)*. The ASA-L will be placed in the faculty member's Personnel Action File. ***Pursuant to Article 15.12a of the Collective Bargaining Agreement, faculty members are responsible for submitting evaluation materials required by campus policy. Failure to submit required material will be taken into consideration as part of the evaluation***. |
| **Faculty Appointment Information** |
| Please enter your name: | Click or tap here to enter text. |  |
| SJSU ID Number: | Click or tap here to enter text. |  |
| Department(s): | Click or tap here to enter text. |  |
| *Faculty in more than one department may choose to submit one ASA-L per department.*Review Period (Semester/Sessions Employed) Prior Calendar Year: |
| Click or tap here to enter text. |
| Enter your assignment(s) and corresponding FTE(s) of each appointment by Semester/Session in the Calendar Year (by department if applicable).*For example, Spring: Teaching 3 Classes .6; Major advising .2; Fall: Teaching .8.* |
| Click or tap here to enter text. |
| **1)** | **ACADEMIC ASSIGNMENT: TEACHING, SUPERVISION, AND/OR OTHER ACADEMIC WORK ASSIGNMENTS** |
| *Required Section if Faculty Were Teaching. Evaluators may use student ratings, peer direct observations, and course materials such as outlines, tests, or grades in their review. In the space below, please provide them additional information about your efforts to maintain or improve your effectiveness in your academic assignment, such as teaching practices, activities to improve teaching effectiveness, and professional development.* |
| Click or tap here to enter text. |
| **2)** | **SERVICE TO STUDENTS, UNIVERSITY, PROFESSION** |
| *Required when applicable to work assignment (e.g., assigned to advise majors). (Additional sheets may be attached if necessary.)* |
| Click or tap here to enter text. |
| **3)** | **ADDITIONAL ACHIEVEMENTS, QUALIFICATIONS, RSCA, AND/OR CONTRIBUTIONS** |
| *Required when applicable to work assignment (e.g., laboratory researcher). (Additional sheets may be attached if necessary.)* |
| Click or tap here to enter text. |
| I affirm the information contained in this ASA-L is true and accurate to the best of my knowledge. |
| Click or tap here to enter text. |  |  |  | Enter Date |
| Name of Faculty Member (Please Print) |  | Signature |  | Date |