

HONG KONG BAPTIST UNIVERSITY
Human Resources Office

(to be completed by Chairmen of Departmental and Faculty/School Review Panels)

Appointment / Promotion Review of Academic/Teaching Staff

- Notes:**
1. The information provided hereunder is collected for the purpose of appointment/promotion review and may need to be presented to Panel members in meetings at various levels for their consideration.
 2. The completed form will be filed with the staff's personal file throughout his/her entire service at the University.
 3. In compliance with the Personal Data (Privacy) Ordinance, personal data entered into this form will need to be disclosed to the staff concerned upon request.
 4. For access to or correction of data after submission of this form, please contact the Human Resources Office.

PART I: Personal Particulars of Staff under Review

Name: _____ Department: _____

Current Post: _____ Current contract period: _____ to _____
 (as appropriate):

PART II: Record of Evaluation

* Please refer to the relevant policy guidelines on the review criteria for academic/teaching staff.

(a) Teaching performance and contributions:

(b) Scholarly/creative/professional output/activities quality and impact:

(c) Service contribution to the Department/Faculty/University and to the profession/community (including Knowledge Transfer) as well as commitment to University life:

 Date

 Signature of Head/Supervisor

(Name and Capacity): _____

PART III: Recommendation by the Departmental Review Panel**Membership of the Departmental Review Panel:**

Name	Capacity

Date of Panel Meeting(s): _____

(a) Performance Ratings: *(please tick if applicable)*

Evaluation Component	Weighting	Score	Weighted Score
Teaching	%	/20	
Research	%	/20	
Service	%	/20	
Composite score:			
Performance rating: (Outstanding (OS) / Very Satisfactory (VS) / Satisfactory (ST) / Below Satisfactory (LS))			OS / VS / ST / LS

(b) Additional Comments:

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(c) Identified Growth Areas/Development Needs, if applicable [\(please make reference to the attached list\)](#)

Growth Areas/Development Needs	Development Code

(d) Recommendation on appointment:

- ☐ To offer reappointment for _____ year(s) from _____ to _____
- ☐ To offer tenure w.e.f. _____ *(for academic staff only)*
- (NB. tenure for Assistant Professor will be coupled with promotion to Associate Professor)
- ☐ To offer continuous contract appointment w.e.f. _____ *(for teaching staff only)*
- ☐ To promote the staff to the rank of _____ w.e.f. _____
- For fixed-term contract, please indicate new contract period upon promotion: _____ to _____
- from _____ to _____
- ☐ Not to offer further appointment
- ☐ Not to promote the staff at this point of time
- ☐ Others (please specify): _____

Date

Signature of Head of Department (Chairperson)

PART IV: Recommendation by the Faculty/School Review Panel**Membership of the Faculty/School Review Panel:**

Name	Capacity

Date of Panel Meeting(s): _____

(a) Performance Ratings: *(please tick if applicable)*

Evaluation Component	Weighting	Score	Weighted Score
Teaching	%	/20	
Research	%	/20	
Service	%	/20	
Composite score:			
Performance rating: (Outstanding (OS) / Very Satisfactory (VS) / Satisfactory (ST) / Below Satisfactory (LS))			OS / VS / ST / LS

(b) Additional Comments:**(c) Identified Growth Areas/Development Needs, if applicable** [\(please make reference to the attached list\)](#)

Growth Areas/Development Needs	Development Code

(d) Recommendation on appointment:

- ☐ To offer reappointment for _____ year(s) from _____ to _____
- ☐ To offer tenure w.e.f. _____ *(for academic staff only)*
- (NB. tenure for Assistant Professor will be coupled with promotion to Associate Professor)
- ☐ To offer continuous contract appointment w.e.f. _____ *(for teaching staff only)*
- ☐ To promote the staff to the rank of _____ w.e.f. _____
- For fixed-term contract, please indicate new contract period upon promotion:
 from _____ to _____
- ☐ Completion of compulsory compliance training (for re-appointment)
- ☐ Not to offer further appointment
- ☐ Not to promote the staff at this point of time
- ☐ Others (please specify): _____

(e) Recommendation on Remuneration Package:

1. Salary Adjustment:

- ☐ Salary adjusted to HK\$_____ per month (which is equivalent to around _____ % increase of the staff's basic monthly salary) w.e.f._____.
- ☐ No salary adjustment
- ☐ Others: _____

2. Cash Allowance (optional benefit): _____% of the staff's monthly basic salary or HK\$ _____ will be provided monthly w.e.f. _____.

(f) Source of Funding and A/C No.:

- ☐ UGC Fund (A/C No. _____)
- ☐ Non-UGC Fund (A/C No. _____)

Date_____
Signature of Dean of Faculty/School
(Chairperson)

PART V: # Approval by the Provost (via HRO)

- ☐ Approved
☐ Disapproved

(additional comments, if any)

Date

Signature

For re-appointment of teaching staff on Lecturer I/Instructor I or below ranks.

PART VI: * Approval by the President and Vice-Chancellor (via HRO)

- ☐ Approved
☐ Disapproved

(additional comments, if any)

Date

Signature

* For contract renewal of academic/teaching staff on continuous contract appointment.