The Collective Bargaining Agreement (CBA), Article 12.C.1.a recognizes that there may be times when individuals from the same or within related disciplines who are outside the department or the University, may be used in any or all parts of the evaluation processes for reappointment, post-tenure evaluation, promotion and tenure. These instances may include the following:

- When departments do not have enough faculty members, or enough tenured faculty members, to form an evaluation committee.

- When a department chair is to be evaluated. (If there are not enough faculty or tenured faculty to allow one to serve as acting chair, an extra-departmental acting chair must be requested.)

- When faculty members may wish to replace, remove or add one or more of the department-composed committee members with faculty from other departments or outside the university.

The faculty member being requested must be willing to serve in that capacity.

**Department Requests for Extra-Departmental Committees**

For department requests for an extra-departmental committee member, the chairperson shall fill out the Extra-Departmental Committee Member Request form (see Exhibit A) and obtain the faculty, chairperson, dean and provost’s signatures. The Provost’s Office may initiate the form on behalf of the President. The Provost’s Office will notify the chairperson of approval or denial.

Department requests for extra-departmental committee members and/or acting chairpersons should be made at least 6 weeks prior to the date the evaluation is due.
(e.g., a request should be made by September 15 for an evaluation due from the committee by November 1).

This process is in accordance with CBA Article 12.C.1.a., “If necessary, or desirable, as determined by the department or President, individuals from the same or within related disciplines, mutually acceptable to the FACULTY MEMBER, department and University, who are from outside the department or the UNIVERSITIES may be used in any or all parts of the evaluation process.”

**Faculty Requests to Change Evaluation Committee Membership**

For faculty requests to change the department evaluation committee membership after it has been constituted by the department, the faculty member shall fill out the Evaluation Committee Change Request form (see Exhibit B), sign it, scan it and email it to all regular faculty of the department and to the President, copying the Provost. The department chairperson will coordinate and report results of a majority secret ballot vote of the regular full-time faculty members within the department. The department chairperson should respond within five (5) business days by indicating on the form whether the request is approved or denied, signing it, scanning it and emailing it to the President, copying the Provost.

Faculty requests to replace, remove or add committee members should be made at least one month prior to the date the evaluation is due (e.g., a change request should be made by October 1 for an evaluation due from the committee by November 1).

This process is in accordance with CBA Article 12.C.1.a., “When a FACULTY MEMBER being evaluated requests a change in the composition of a department evaluation committee, the FACULTY MEMBER must provide a written justification for the requested change. The request and justification shall be submitted to the department and the President and may be approved by either.”

**Resolution in Cases of Lack of Agreement**

When a mutually acceptable committee member requested by the department, the President or the faculty member cannot be agreed upon, all parties shall follow the process given in CBA Article 12.C.1.a.
EXTRA-DEPARTMENTAL COMMITTEE MEMBER REQUEST

The Department of ____________________________________________

requests approval for the following individual(s):

________________________________________________________________

to serve as:

☐ Departmental Evaluation Committee Member(s)
☐ Departmental Promotion / Tenure Committee Member(s)
☐ Substitute Department Chair

for the evaluation of (faculty name): ______________________________________

due to the following reason(s) only, as specified in the CBA and/or applicable MU policies (see p. 2):

☐ Conflict due to self, immediate family member or person in his / her household being evaluated / considered for promotion or tenure.
☐ Department chair is being evaluated / considered for promotion or tenure, requires substitute chair.
☐ Not enough faculty members in department to serve on committee.
☐ Not enough tenured faculty members in department to serve on committee.

APPROVED:

In accordance with the CBA, the following have approved the individual(s) above:

Faculty being evaluated: ________________________________________________

Department Chairperson: _____________________________________________

School Dean: _______________________________________________________

Provost: ____________________________________________________________

Rev. 12/3/13

Exhibit A

Form available on Provost's webpage “Information for Faculty.”

Local Agreement: Requesting Extra-Departmental Committee Members and Acting Chairpersons and Changes to Departmental Evaluation Committees

Page 3 of 4
EVALUATION COMMITTEE CHANGE REQUEST

Please complete the information below and forward to all regular full-time faculty members in the department and to the President, copying the Provost. Submit one form per individual requested.

I, (Faculty Name: ____________________________

request approval for the following individual:

Name: ______________________________________

Department: __________________________________

Institution (if not MU): _________________________

Discipline: ___________________________________

Check one below:

☐ To be added to my evaluation committee.

☐ To replace the following individual on my evaluation committee: ________________________________________

☐ To be removed from my evaluation committee.

To serve in the following capacity:

☐ Departmental Evaluation Committee Member

☐ Departmental Promotion / Tenure Committee Member

My justification for this change request is as follows:

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Your approval is requested.

Faculty Signature ____________________________ Date __________

APPROVAL STATUS

Check appropriate box and sign.

<table>
<thead>
<tr>
<th>Approved</th>
<th>Denied</th>
<th>Approved</th>
<th>Denied</th>
</tr>
</thead>
</table>

Signed: ____________________________

Department Chairperson ____________________________

Signed: ____________________________

University President ____________________________

Date: ____________________________ Date: ____________________________

Effective date DRAFT

Exhibit B

Form available on Provost’s webpage “Information for Faculty.”