COVER SHEET FOR PROPOSED CHANGES TO DEPARTMENT PERIODIC REVIEW OF TENURED FACULTY (POST-TENURE REVIEW) PROCEDURES

Physical Therapy

DEPARTMENT

In order to facilitate a complete and expeditious review by the Personnel Planning and Review Committee (PP&R) of the change(s) you propose to your Post-Tenure Review procedures, please adhere to the format described below, and also fill out the Background Information. Attach this memo as a cover sheet for the written material you submit to PP&R. PP&R assumes that the initiating Department has determined that the proposed new or revised procedures are consistent with Section 600 and with the Collective Bargaining Agreement.

FORMAT: Please use a complete copy of your existing procedures as the starting point for the proposed revisions that you submit to PP&R for approval. Strike over any text that you wish to have deleted from your written procedures, and/or underline any text that you wish to have added to your written procedures.

BACK	GROUND INFORMATION:		
1.	Date that current proposed changes	were sent forward N/A	
2.	Describe briefly the general reason(s) for your proposed change(s) (e.g., "proposed changes were initiated by the Department to be in compliance with the current Faculty Contract and Section 600").		
	The Department of Physical Therapy follows Section 600 and is not proposing any changes		
	Use Section 645.		
			RECEIVED CSUN
3.	List the date the tenured and probat approve the proposed changes:	tionary faculty of the Department voted to	DEC 22 2016
			Office of Faculty Affairs
DEPAF	TMENT APPROVAL: (Sign & P	rint Name)	
OK.	iana Beline	Janna Beling	12/21/16
Departi	nent Chair <u>or</u> Chair, Department Per	rsonnel Committee	Date
	EGE APPROVAL: (Sign & Print N	<u>Name)</u>	22-DEC-2016
College	Dean	_	Date
PP&R APPROVAL:			6/5/17
Chair, Personnel Planning and Review Committee			Ďate *
	PP&R use only) S'[7 oval Date	F'17 F'20 Effective Date (drange in Criteria) Effective Date	F 2 1 Date of Next Review

Revised 10.16