(REV5/04)

# AA-2

FINAL REVIEW OF SEARCH RESULTS

FACULTY

***AA Compliance Report*** al

The following information is furnished with each recommendation for a faculty position. No offers, either oral or in writing may be extended before full administrative review.

**1. Position to be filled:**

 Office/Department/School  Position No.  Contact Name: Phone #:

 *\*\*(Copies of approved forms will be sent to above unless otherwise requested)\*\**

 Title of Position

 Established Qualifications for Position

**2. Candidate Selected for Position – The proposed appointment:**

 Name of person recommended for appointment

 Proposed effective date for appointment

Indicate why this person was chosen instead of other individuals. Be specific in terms of the established qualifications for the position. (Attach additional sheet if necessary.)

**3. Record of Interviews:**

 How many candidates were interviewed?

 Insert in this chart the information requested for each candidate interviewed. (Attach additional sheet if necessary):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Candidate | Sex | Minority | Non-Minority | Job Related Strengths/Weaknesses |
| (1) |  |  | [ ]  |  |
| (2) |  |  | [ ]  |  |
| (3) |  |  | [ ]  |  |
| (4) |  |  | [ ]  |  |
| (5) |  |  | [ ]  |  |
| (6) |  |  | [ ]  |  |

**IMPORTANT: NO OFFERS, EITHER ORAL OR IN WRITING, MAY BE**

**EXTENDED BEFORE FULL ADMINISTRATIVE REVIEW.**

**(Please write legibly. Thank you.)**

|  |  |  |
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|  |  |  |
| **Reviewed for Compliance with Affirmative Action Plan** |  | **Procedures Approved:** |
|  |  |  |
| Search Leader (Please sign and print or type name) |  | Date |
|  |  |  |
| Department Head or Chair | Date |  | University Compliance Officer | Date |
|  |  |  |
| Affirmative Action Representative of School/College | Date |  | Suspended for Review: |  |
|  |  |  |
| Dean | Date |  |  | Date |
|  |  |  |
| Provost | Date |  |  |  |

## IMPORTANT: NOTE PAGE 3 OF THIS FORM

Addendum: On this page list the names of all applicants for this appointment and indicate known demographic information. List selectee first, then list the others in alphabetical order. **Important: Do not guess.** Indicate only the information provided voluntarily by the applicant. This list, together with the applicant data cards, will provide useful information needed to prepare a report on this search for the federal agency which oversees the University’s Affirmative Action Program. Use additional sheets if needed.

|  |  |
| --- | --- |
|  |  |
| Title of Position | Position No. |
|  |  |
| Office/Department/School |  |

 Please complete the chart below or attach one you have created.

 Check all that are applicable for each candidate.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Male | Female | White | Black | Hispanic | Asian | AmInd. | Veteran | Disabled\* |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Name of Applicant Selected |  |  |  |  |  |  |  |  |  |
| Others (alpha order): |  |  |  |  |  |  |  |  |  |
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\* For all persons who self-identified as disabled, indicate here (1) last name, (2) date of application, (3) referral source if provided, (4) whether reasonable accommodation was requested, (5) University’s response to request for reasonable accommodation.