

**UNIVERSITY OF PENNSYLVANIA**  
**FACULTY EQUAL OPPORTUNITY COMPLIANCE STATEMENT**

TO: The Provost  
RE: **Termination** of Appointment in the Standing Faculty or the Standing Faculty – Clinician-Educator track  
Department: \_\_\_\_\_  
Name of faculty member: \_\_\_\_\_  
Proposed date of termination: \_\_\_\_\_

The concept of race as used by the Office of Federal Contract Compliance Programs (O.F.C.C.P.) and the Equal Employment Opportunity Commission (E.E.O.C.) does not denote clear-cut scientific definitions of anthropological origins. Nevertheless, each employee or candidate must be identified as belonging to one, and only one, of seven broad racial/ethnic categories defined by federal authorities. A candidate may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging.

**FEDERAL RACE AND ETHNICITY DEFINITIONS**

The categories for data on race and ethnicity for Federal statistics and civil rights compliance are defined as follows:

1. **Hispanic (or Latino):** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not of Spanish origin or culture.
2. **American Indian or Alaskan Native:** A person with origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or has community recognition as an American Indian or Alaskan Native.
3. **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
4. **Native Hawaiian or other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **Black (or African American):** An individual, not of Hispanic origin, with origins in any of the black racial groups of Africa.
6. **White (or Caucasian):** An individual, not of Hispanic origin, with origins in any of the original peoples of Europe, North Africa, or the Middle East.
7. **Two or More Races:** All persons who identify with more than one of the above six races.

**SUMMARY OF ACTION**

**I. THE FACULTY MEMBER**

1. Present rank: \_\_\_\_\_
2. Dates of present appointment: \_\_\_\_\_
3. Date of original appointment at the University of Pennsylvania: \_\_\_\_\_
4. Previous appointments at the University of Pennsylvania:

**Rank**

**Dates**

5. Field and/or subfields of interest:
6. Enclose a current curriculum vitae.

**[SALMON]**

**II. THE DEPARTMENT**

1. Give the names, ranks, and years of experience of all the women and minority persons presently in the department, who have appointments in the Standing Faculty, the Standing Faculty-Clinician-Educators, and the Associated Faculty. Use additional sheet, if necessary.

Name	Rank	Years in Dept	Hispanic/Latino		American Indian/Alaskan Native		Asian		Native Hawaiian or other Pacific Islander		Black/African American		White		Two or More Races	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F

2. The affirmative action plan requires that “full and fair consideration be given to minority and female candidates presently on the faculty who might properly be considered for reappointment or promotion.” List all members of the department of the same rank as the faculty member who is leaving the Standing Faculty or the Standing Faculty-Clinician-Educators. If some of this group have been recommended for reappointment or promotion, or have been notified of termination, please so indicate.

Other members of the department of the same rank:

Name	Present Rank	Date of Original Appt.	Recommended by Department		Notified of Termination	No Action
			Reappointment	Promotion		

3. List all members of the department who, during the past three years, were promoted or reappointed to the rank which would have been held by the faculty member who is leaving the Standing Faculty or the Standing Faculty-Clinician-Educators:

Name	Present Rank	Date of Original Appt.	Reappointment		Promotion	
			Rank	Date	Rank	Date

**III. COMPLIANCE STATEMENT BY DEPARTMENT CHAIRPERSON**

1. This action has been initiated by:
  - (a) recommendation of the department ( )
  - (b) recommendation of the school personnel committee ( )
  - (c) recommendation of the provost's staff conference ( )
  - (d) resignation from the University ( )
  - (e) resignation from the Standing Faculty ( )
  - (f) resignation from the Standing Faculty-Clinician-Educator ( )
  
2. If 1(b) or 1(c) is checked, please enclose the equal opportunity compliance statement re: promotion (goldenrod form) which had been submitted by the department.
  
3. If 1(d) or 1(e) or 1(f) is checked, please enclose a copy of the letter of resignation.
  
4. If 1(a) is checked, please answer the following questions:
  - (a) In your judgment, does the termination of appointment appear to be in compliance with the University's affirmative action program with respect to the following: Was full and fair consideration given to the faculty member's qualifications as compared with all others in the same rank in you department, who were reappointed or promoted during the last three years?  
  

Yes ( ) No ( )
  
  - (b) Please describe below the reasons for termination of the appointment, considering all aspects of academic requirements, teaching, scholarly activities and administrative duties. Comment on the faculty member's local, national, and international reputation in his or her field. If applicable, comment on funding available for the faculty member's salary.

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5. If the faculty member is moving into another track outside the Standing Faculty or the Standing Faculty-Clinician-Educators, please state the reasons for the change and describe the new position (title, responsibilities and salary). This applies also to a move from the Standing Faculty to the Standing Faculty-Clinician-Educators.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
(signed) Chairperson

**IV. ACKNOWLEDGMENT OF DEPARTMENT CHAIRPERSON’S COMPLIANCE STATEMENT**

School Affirmative Action Officer

1. Please set forth here any comments on III.4 and III.5:

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2. I acknowledge the compliance statement submitted by the department chairperson.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signed) School Affirmative Action Officer

**V. CERTIFICATION OF COMPLIANCE**

Dean and Provost

On the basis of my review of this documentation, I certify that University policies regarding affirmative action have been observed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signed) Dean or Dean’s Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signed) Provost or Provost’s Representative