



**IFAS Faculty Program Enhancement Plan (FPEP)
Application Form**

Name: _____ UFID: _____

Title: _____ Unit: _____

Current base salary _____ % to be placed on grants (maximum 25%): _____

Proposed duration: _____ (Not to extend beyond June 30 of the current fiscal year)

List projected funding source(s) for non-state funds. UF Foundation/SHARE funds may not be used. Indicate project number(s), account(s), and dates to be used. If more than one, give specific allocation.

The faculty member's signature verifies agreement to the following statements and is required prior to the implementation of a Faculty Program Enhancement Plan (FPEP):

- I have read and understand the attached guidelines regarding the FPEP.
- Participation in the FPEP is strictly voluntary.
- Initial approval and annual continuation will be based on annual performance evaluations as indicated in the guidelines.
- Eligibility for the FPEP requires a performance ranking of at least commendable in all mission categories with no decrease in performance from the previous year's evaluation. For example (not all inclusive):
 - Maintain or increase graduate student support
 - Maintain or increase postdoctoral associate support
 - Extension program must remain responsive to clientele
 - Maintain or increase publication rate
 - Maintain or improve teaching performance level
- Effort reporting and cost-sharing obligations must be considered and addressed.

Faculty member (signature and date)

REVIEW:

REVIEWER	REVIEWER'S SIGNATURE	APPROVED	DISAPPROVED	DATE
CHAIR OR DIRECTOR		<input type="checkbox"/>	<input type="checkbox"/>	
LEAD DEAN		<input type="checkbox"/>	<input type="checkbox"/>	
DEAN		<input type="checkbox"/>	<input type="checkbox"/>	
DEAN		<input type="checkbox"/>	<input type="checkbox"/>	
SENIOR VICE PRESIDENT Jack M. Payne		<input type="checkbox"/>	<input type="checkbox"/>	