

ARPM Appendix IX.

CAPA COMMITTEE REPORT

Adopted 3/1999; Revised 8/2008, 2/2014, 11/2014, 11/2016

NAME OF PERSON REVIEWED: _____

TYPE OF ACTION RECOMMENDED BY THE PROGRAM DIRECTOR:

- ____ Merit increase
- ____ Promotion
- ____ Career Status
- ____ No action
- ____ Termination

POINTS:
 1 2 3 4 5 6

CURRENT RANK/STEP OF REVIEWEE: _____

PROPOSED RANK OF REVIEWEE: _____

We, the CAPA members who have evaluated the performance review file o_____

unanimously Agree Disagree with the Program Director's recommended action and

unanimously Agree Disagree with the Program Director's recommended points.

If applicable, we

unanimously Agree Disagree with the Ad hoc's recommended action and

unanimously Agree Disagree with the Ad hoc's recommended points.

CAPA did not come to unanimous agreement (See attached statements).

Comments (required):

CAPA Chair – Print Name

Signature

Date

CAPA Member- Print Name

Signature

Date

CAPA Member- Print Name

Signature

Date

CAPA Member- Print Name

Signature

Date