



FACULTY EVALUATION PAY

Employee Name: _____

Employee ID # _____ Division/Department: _____

Instructions: Please complete the form indicating each peer evaluation you completed during the academic year. The form must be reviewed and signed by your Dean prior to submitting to Human Resources. It is the responsibility of the faculty member to submit any reimbursement for travel expenses according to Article 21.

Article 17.3 Evaluation Pay Regular unit members may be required to participate as peer evaluators for up to four (4) times per year as part of their normal duties. Each evening and off-campus evaluation shall count as two (2) of the four (4) evaluations. Additional evaluations shall be paid at the rate of one (1) hour for on-campus day evaluations and two (2) hours for off-campus and evening evaluations on the appropriate Hourly Certificated Schedule. Travel pay for off-campus evaluations shall be paid at the rate established in Article 21.

Faculty Member Signature _____

Date _____

Authorized Dean's Name & Signature _____

Date _____

* Route to Human Resources

Copy ee file Payroll Hourly Rate \$ _____ Total Hours _____ -4 Req. (_____) Total Comp. \$ _____

HR Approval Signature _____ Budget _____

1. Name of Faculty Member evaluated: _____ Date: _____

Evaluation Type: _____ Evaluation Time: _____

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

2. Name of Faculty Member evaluated: _____ Date: _____

Evaluation Type: _____ Evaluation Time: _____

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

3. Name of Faculty Member evaluated: _____ Date: _____

Evaluation Type: _____ Evaluation Time: _____

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

4. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

5. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

6. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

7. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

8. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____
