



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 the Office of 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 Full-time faculty members shall be required to participate in classroom evaluations up to four (4) times per year as part of their normal duties. Travel pay for off-campus evaluations shall be paid at the rate established in Article 21. If a faculty member completes additional classroom evaluations (beyond the required 4) they shall be compensated one hour per evaluation at the hourly faculty salary rate.

Faculty Member Signature _____

Date _____

Authorized Dean's Name & Signature _____

Date _____

To be completed by the Office of Human Resources

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

CHRO 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 _____
