



NAME: _____

Contra Costa

Community **College District**

pathways to success

SS# or Employee ID#_____ Location: _____

Article 20.4.1: Each semester, faculty members shall be compensated for all but one of the completed evaluations. Please indicate how this requirement was satisfied.

Name of Faculty member evaluated:

Date evaluation was completed:

Having completed one free evaluation this semester, I wish to be compensated for evaluating:

Faculty Member:

Date evaluation was completed:

Please submit one form for each evaluation; maximum of four paid evaluations per academic vear. Please check the appropriate box:

HR Specialist		Date	
Complete and send one form per evaluation to: Faculty Stipends, Human Resources, District Office			
Authorized Dean Name & Signature		Division	Date
Faculty Member Signature		Date	
	_		
□ Part-time Evaluation	\$ 312.00		
□ Chair, Peer Evaluation	\$ 520.00		
□ Peer Evaluation	\$ 414.00		
□ Chair, Probationary Evaluation	\$ 624.00		
Probationary Evaluation	\$ 520.00		

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