



FACULTY EVALUATION STIPEND

NAME: _____

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 year**. Please check the appropriate box:

- Probationary Evaluation \$ 447.00
- Chair, Probationary Evaluation \$ 537.00
- Peer Evaluation \$ 356.00
- Chair, Peer Evaluation \$ 447.00
- Part-time Evaluation \$ 268.00

Faculty Member Signature

Date

Authorized Dean Name & Signature

Division Date

Complete and send one form **per evaluation** to: **Faculty Stipends, Human Resources, District Office**

HR Specialist

Date