



**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