

**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:

- | | |
|---|-----------|
| <input type="checkbox"/> Probationary Evaluation | \$ 488.00 |
| <input type="checkbox"/> Chair, Probationary Evaluation | \$ 586.00 |
| <input type="checkbox"/> Peer Evaluation | \$ 389.00 |
| <input type="checkbox"/> Chair, Peer Evaluation | \$ 488.00 |
| <input type="checkbox"/> Part-time Evaluation | \$ 293.00 |

Faculty Member Signature_____
Date_____
Authorized Dean Name & Signature_____
Division DateComplete and send one form **per evaluation** to: **Faculty Stipends, Human Resources, District Office**_____
HR Specialist_____
Date